

Date: Tuesday 17th March 2026  
 Time: 10.00 – 15.00  
 Venue: The Grange - Beddington Park London Road London Road, Wallington  
 SM6 7BT

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

Dina Thakker (CPCL SWL ICB)	DT	Present 10.45 – 11.45
Diana Tanner	DTa	Present 10.45 - 11.30
Helen Porter (Chief Pharmacist SWL ICB)	HP	Apologies given
Sponsors: Sanjay Kalia from Tillotts Pharma		Present at start of meeting only.

**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**

Sanjay Kalia introduced himself and gave a brief overview of the relevant Tillotts products.

**4. MINUTES FROM THE MEETING 210126**

**ACCURACY**

The minutes were taken as an accurate record.

**PREVIOUS ACTIONS & MATTERS ARISING**

- **Previous Action – DT to set up a group– consisting of some ICB reps, a couple of independent, and a couple of multiple contractors – and this group would be able to provide live comms. wrt. drug shortages and buying issues:**

AP stated t at this group had been set up – it had met and people are feeding into it.

Action	Description	Who to action
1	To ask the Meds. Opt team to extend the period to run down old medicine stocks in favour of new ones – from <b>two</b> to <b>three</b> months.	DT

AP stated that DT would update on this later in the meeting.

- **Previous Action – AP to present a paper at the next IMOC meeting on the “realities of CP”**

AP stated that a session is being planned for the neighbourhood steering group – which is the leadership group for the ICB.

**IMOC**

MP stated that the LPC advice to contractors is to refer patients back to the GPs who had prescribed the switched medicine – for them to spend time answering questions.

Action	Description	Who to action
2	To draft an email to send to the SWL contractors – informing them of the LPC’s guidance wrt. referring patients back to the GPs who had prescribed switched medicines.	DTR
3	To add to, sign and send out the email to send to the SWL contractors – informing them of the LPC’s guidance wrt. referring patients back to the GPs who had prescribed switched medicines	MP

**Neighbourhood Working**

Action	Description	Who to action
4 Previous – to be actioned later on this day.	To talk to Katie Bourger re. how the £20 million funding is being used to help CP be included in “neighbourhood” working.	AP/DT

AP stated that he would be attending a neighbourhood meeting today at 3pm – where the above action would be discussed with Katie.

- **Previous Action – AP to report back on the status of being able to present at the PH and School headteacher meeting wrt. advertising the PF service:**

AP stated that he had briefed each of the PH teams in SW London, therefore all schools will be brought on to advertise the PF service – and PH teams will be creating letters that would go out to head teachers.

AP stated that the ambition is to do this across the whole of London.

- **Previous Action – AP to report back on the work that CP London has done re. drafting a contractor created service rate card.:**

AP stated that data has been collected from three London LPCs wrt. LCS specs and remuneration figures.

AP stated that SB is currently waiting for data from KCW LPC and the MPG LPCs.

SB stated that the finished spreadsheet would be hosted on the CP London website.

Action	Description	Who to action
5	To report back on the progress of the London LCS data spreadsheet.	AP & SB

**CEO Update**

Action	Description	Who to action
6	To look into joining with the LOCs, LDCs and LMCs to explain why the paying of the LLW under the current contracts is unviable.	AP

AP stated that he would be having a conversation wrt. carrying out the above action on this Friday.

**LPC service leads**

Action	Description	Who to action
7	To make discussion of the proposal and business case for the employment of three borough service leads an agenda item at the next LPC meeting – following AP’s funding bid to the ICB.	AP/HP
8	To set up a TEAMS meeting for AP, APa, SSu, JB & DTR to discuss the creation of the proposal and business case for the employment of three borough service leads.	AP/HP
9	To create a proposal and business case for the employment of three borough service leads.	AP, APa, SSu, JB & DTR

AP stated that the business case for the borough leads is in the proposed draft budget.  
 AP stated that the interim meeting had not been set up, because he had wanted to try and put a business case to the ICB first – to secure funding for the leads, before raising contractor levies to help fund the employment of said leads.  
 AP stated that he had spoken to HP and DT about this plan.

**5. LPC SERVICES DASHBOARD**

DTR displayed the CP London funded [Dashboard](#) which displays Dispensing Contractors Data for Contractual elements along with Pharmacy First Pathways.  
 The focus is given to the London Region and displays the data by Local Pharmacy Committee as well as individual Contractor detail.  
 National & London Region Contractor Averages are also provided for comparison purposes.

DTR stated that the dashboard is run by [Primary Care Analytics](#) – and the CP London COE Conor Price is the strategic advisor for this company.

Action	Description	Who to action
10	To share link to the <a href="#">Dashboard</a> with LPC members.	DTR

AP drew the members’ attention to the following stats -

National LPCs Activity and Ranking (Based on Avg. Pharmacy Activity)				
Date Range: 1 Feb 2024 - 31 Dec 2025				
Actual LPC	# Pharmacies	Total Activity	Avg. Activity Per Pharmacy	LPC Rank (National)
COMMUNITY PHARMACY SOUTHWEST LONDON	263	549,668	2,090.0	43
<b>Total</b>	<b>263</b>	<b>549,668</b>	<b>2,090.0</b>	

AP drew the members’ attention to the following leaderboard -

Postcode	Total Activity	Pharmacy name	Ranking (by Activity)
SW17 9NH	14,789	PEARL CHEMIST	1
SM1 1PQ	10,413	GAIGER CHEMIST	2
KT6 7BB	9,826	PSM PHARMACY	3
SM6 0LY	9,025	FIRST PHARMACY	4
SW20 9NQ	8,974	HILTON PHARMACY	5

AP stated that the LPC is paying £20 per month for the use of this facility (through CP London).

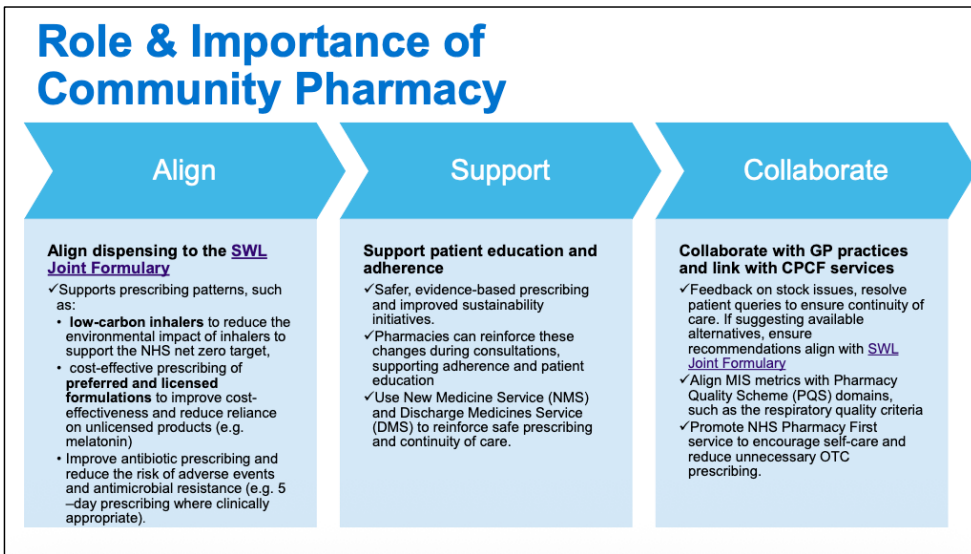
DJ asked what the LPC would do with this data.  
 AP stated that this facility is of great use to DTR to help him perform his service lead role – he can identify poor performing pharmacies using this data – and target them for visits to help them.  
 AP added that, likewise, the top performers could be asked about examples of best practice.  
 DTR stated that he can use this data to target LPCs who are doing well with certain services – and then phone them to ask what they are doing differently.  
 AP suggested that peer to peer working could take place between neighbouring LPCs.

DJ wondered whether the contractors in the middle range could also be targeted for DTR’s help – to help them reach the higher service payment thresholds.  
 CJP wondered whether DTR could firstly target the bottom 10 pharmacies for immediate help.

6. **SWL ICB UPDATE AND FEEDBACK**

MP welcomed DT and DTA to the meeting.

DTa spoke to the following slides on the DRAFT 2026/27 SWL Medicines Improvement Scheme (MIS):



## LPC Feedback – 2025/26 SWL MIS

What can be improved	What we plan to do differently
<b>Resources to support Community Pharmacy</b>	<ul style="list-style-type: none"> <li>✓ Earlier engagement</li> <li>✓ Earlier development of a <b>Community Pharmacy Briefing</b></li> <li>✓ Distribution of Community Pharmacy Briefing with all local community pharmacies in SWL when 2026/27 SWL MIS is launched</li> </ul>
<b>Communication</b>	<ul style="list-style-type: none"> <li>✓ Encourage GP practices to engage and collaborate with their local community pharmacies           <ul style="list-style-type: none"> <li>✓ Share key contacts to establish two-way communication</li> <li>✓ Encourage GP Practice notification of MIS recommendations and/or other initiatives being conducted by the practice for timely communication to support pharmacies – stock management, waste reduction and timely access to prescribed medicines</li> </ul> </li> </ul>
<b>Referral to services</b>	<ul style="list-style-type: none"> <li>✓ Establish joint communication protocols</li> <li>✓ Ensure referral and triage tools used for community pharmacy clinical services (e.g. Pharmacy First pathways) offer patients a full choice of providers</li> </ul>

## 2026/27 Proposed SWL MIS - GP Practice Engagement with Community Pharmacy element

- Engagement and collaboration by GP practices and referral to services.
- To support structured collaboration with community pharmacies.
- Improve medicines optimisation, communication, and patient pathways.
- Each practice proposed to nominate a **‘Think Pharmacy First’ Lead** to be shared with their local pharmacies who will act as the main liaison point.
- Support referrals into NHS pharmacy services e.g. Pharmacy First, Hypertension Case Finding (HCFS), Pharmacy Contraception Service (PCS), and locally commissioned services.

## 2026/27 Proposed Draft Scheme Prescribing Metrics

Area	Detail	Impact on Community Pharmacies
Antimicrobials	Antimicrobial stewardship – 5-day course length - Amoxicillin 500mg courses	Increased 5-day course length – 15 x cap OP
Antimicrobials	Antimicrobial stewardship – 5-day course length - Doxycycline 100mg courses	Increased 5-day course length – 6 x cap/tab OP future availability
Antimicrobials	Percentage of children age 0-9 years prescribed an antibiotics in general practice rolling 12 month	Limited impact
Cardiometabolic	Assess and increase uptake of generic dapagliflozin in eligible patients in line with NICE guidelines and NHSE recommendations	Increase in generic dapagliflozin in identified eligible patients
Diabetes	BGTS, lancets and pen needles	Prescribing in line with SWL position statement for <a href="#">BGTS and lancets</a> e.g. BGTS: AgaMatrix Agile®; Lancet: Comfort Twist® OR AgaMatrix® and BGTS: GlucoFix Tech® Sensors; Lancet: Glucoject Plus® Ultra-thin See SWL Position statement for <a href="#">pen needles</a> Encourage not to over order test strips and lancets.
Nutrition	Adult Oral Nutritional Supplements Increase % preferred 'green' ONS and/or reduce Actual cost/1000 ASTROPU	First Line: Food-based approach. Second line: <b>powder ONS preferred over liquid</b> i.e. Foodlink Complete Powder®, Aymes® Shake Powder, Aymes ActaSolve Smoothie® and Foodlink Smoothie® <a href="#">Follow ONS Product Guidance Summary Table</a>

MP stated that wanted to talk about the issues raised by the switch to generic Dapagliflozin, and the fact that CPs have to spend time with the patients, answering questions and de-escalating ill feeling when the new drugs are dispensed.

DTa stated that this is not a case of a “switch” because the ICB knows that there has been a separate scheme that has been launched in SW London.

DTa stated that she is talking about the medicines for NEW patients for this scheme.

DT stated that the guidance to switch to generic Dapagliflozin is national, and every ICB is currently doing it.

SS asked about the comprehensiveness of the list of glucose testing strips being recommended.

DTa stated that the testing strips would be chosen dependent on the metric of “cost per strip”.

MP asked whether there were any rebate schemes on any of these glucose test strips.

DTa replied that there were none that she was currently aware of.

SSu stated that sometimes GPs prescribe glucose test strips which are not compatible with the patient’s machines – and GPs should first check what machines the patients own before committing to a type of strip.

DTa stated that a communication network between CPs and GPs will be embedded to stop things like this happening – and a webinar will be organized to explain these concepts and initiatives.

BP stated that the GlucoRX Smart “switch over” during December 2025, had caused many challenges for CPs.

BP detailed the many issues and stages of communication he had had to go through with the local GPs, to make sure the patients were happy with the switch.

CJP raised details of the drug supply issues linked with the fact that the different wholesalers have different quota allocations that they need to adhere to – and this creates undesirable silo effects.

DTa stated that wrt. nutrition – then the powder ONS has been preferred over the liquids.

SSu raised a point that patients prefer ready-made liquid supplements carer’s make up the drinks from the powder for patients – and the carer may not visit a patient regularly.

DTa acknowledged that there is some room for improvement.

MP stated that “nutrition” is a very contentious topic – because the ICB is trying to save money, but a patient’s “quality of life” must also be factored into these calculations – especially wrt. nutrition for EOL/cancer patients. MP suggested that the ICB not try and save money on nutrition products – as it may adversely affect a patient’s Quality of life when dealing with a condition.

CJP gave an account of how much waste is created by some of these nutritional products – as he has had to throw many units away, when patients order boxes of drinks on a repeat prescription – however they no longer need them.

MP suggested that the ICB could work with LPCs – to develop a service where CPs could be paid to manage nutritional drink ordering for patients – to ensure there is no waste. MP suggested that meds. optimization should work closer with CP to design such pathways.

DTa agreed that there is an increase in spend in this area – and this may be due to the amount of waste created.

MP also urged the ICB to look closer at the amount of money spent to deliver a certain “saving”.

MP suggested that these conversations could be taken offline to develop further.

Area	Detail	Impact on Community Pharmacies
Polypharmacy	Polypharmacy review of patients 75years or over on 10 or more medicines; patients on 2 or more DAMN drugs.	Limited impact
NHS App	Increase patient-led prescription ordering via NHS App to reduce waste (20% of third-party orders result in waste) & engagement with waste campaign.	Patient impact
Respiratory	Inhalers - safer prescribing	Short acting beta agonist (SABA) inhaler reduction; increase in AIR/MART therapy: <b>First Line: Dry powder inhalers (DPI)</b> Fobumix Easyhaler®, Symbicort Turbohaler®, Duoresp Spiromax® and Fostair Nexthaler® <b>Second Line:</b> pressurised metered-dose inhalers (pMDI) Proxor® or Bibecfo® Refer to <a href="#">SWL asthma management guidance</a>
Respiratory	Inhalers - environmental impact	Increase prescribing of low carbon preventer inhalers to support the NHS net zero target. <b>First Line: Dry powder inhalers (DPI) or soft-mist inhaler (SMI)</b> <b>Second Line:</b> pressurised metered-dose inhalers (pMDI) as per SWL guidance link. Refer to the <a href="#">SWL Formulary</a> . Communication pathways
Respiratory	Cost-effective prescribing of inhalers – Fostair® to Proxor®	Increase in Proxor® preferred MDI brand in primary care

MP challenged the assertion that wrt. healthcare and medicine ordering Apps - 20% of third-party orders result in waste – because all 3<sup>rd</sup>-party apps use the NHS App ordering platform.

DT stated that the wording could be changed from “third-party” to “NHS-linked/approved”.

DT stated that this initiative is aimed at trying to encourage GP surgeries to use the NHS App. more.

MP commented that he felt that the NHS App is not fit for purpose. It is good for patients ordering scripts, but it does not help CPs.

SSu and MP stated that lots of patients do not have the power to inhale the dry powder inhalers.

SS warned that there would be a great number of medicine shortages towards the end of the year, due to the present geo-political situation – and some of these medicines may be the switched ones that DTa is presently talking about.

MP stated that GPs are receiving incentive payments to switch their patients onto different medicines, to align with the present ICB agendas. MP asked whether the same incentive schemes were for CP.

DT stated that the point of her and DTa coming to this meeting, and presenting on this subject, at this early stage, was to promote discussions re. how funding could be bid for and then used in the future for CP to help deliver on these medicine switches.

DT asked for the LPC to come up with ideas for incentive schemes for switching that would make sense, and not disadvantage patients – by making them bounce back to GP surgeries.

MP stated that the current LPC advice for CPs – is for them to advise patients to return to the prescribing GP, should they not be happy with a medicine switch – as this would avoid patients verbally abusing pharmacy staff for something that had not been their (pharmacist’s) decision.

DT stated that she would not disagree with this advice.

DT suggested that this advice be placed in the guidance for GPs – that patients with issues wrt. medicine switching should be directed back to the prescribing GP (who are being incentivized for the switch) by the pharmacy.

MP stated that CP staff would be happy to support a medicine switch, if they would be fairly financially incentivized.

CJP suggested that contractors should get a payment for having to explain to a patient why their medicine has been switched, and how the new (switched) medicine should be taken, and how it differs. CJP reminded that CP is part of primary care, and part of the “neighbourhood working” model.

CJP suggested that if every pharmacist told a patient to return to their GP, when they had received a new, switched medicine, for further explanation, then the system would immediately block up.  
CJP reminded that CPs still carry out DMS consultations without payment – and this is not right.  
CJP stated that people have been abusing the good will of CPs for years.  
DT reminded that DMS is a national scheme – and the local ICBs have little control of it.

AP reminded that SW London’s ICB is the only ICB to not be funding CP to be part of “neighbourhood working”.  
DT asked for AP to send over the evidence for his claim.

Action	Description	Who to action
11	To share with DT – the evidence that SW London’s ICB is the only ICB to not be funding CP to be part of “neighbourhood working”.	AP

MP suggested that SW London ICB has badly managed its money.  
DT stated that she does not currently sit at a level, where she could comment usefully on this claim.  
MP stated that he was not blaming DT and DTa for any of the mismanagement.  
DT asked for the conversation to be brought back to talking about issues to do with the DRAFT 2026/27 SWL Medicines Improvement Scheme (MIS).  
DT asked the members to be cognizant and considerate wrt. the fact that the ICB was currently going through a major restructure at present.

DT left the meeting at this point.

DTa stated that she would try her very best to involve CP in this scheme to ensure success.  
MP reminded that the number of CPs in SWL has decreased from 295 to 263 in the last year, and therefore pharmacists and contractors are under a great deal of financial and time pressures every day.  
MP stated that he is also aware of the restructure at the ICB and understands the pressures that this currently brings to bare.  
DTR stated that he would be happy to work with DTa to help identify any issues and builds to do with the DRAFT 2026/27 SWL Medicines Improvement Scheme (MIS).

AP apologized that DT and DTa were currently bearing the brunt of ill feeling in the room – but, unfortunately, they are the only ones willing to meet with this LPC’s reps to talk about neighbourhood working.  
CJP and MP stated to DTa that this issue re. the GP incentive payments to make medicine switches had been brought up at the last IMOC meeting.

### 2026/27 Proposed Medicines Value / Cost containment

Category	Original Product	Replacement Product	Rationale / Comments
Low priority / Self-care	Lidocaine 700mg medicated plasters	Prescribe only if for a named indication within this guidance. Deprescribe in patients currently prescribed this medicine.	NHS E Lidocaine plasters recommendations
	Versatis 700mg medicated plasters	Prescribe only if no other item or intervention is clinically appropriate. Prescribe only if no other item or intervention is available.	
	Omega 3 (Omacor®, Teromeg®, eicosapentaenoic acid / docosahexaenoic acid)	Do not initiate. Deprescribe in patients currently prescribed this medicine.	NHS E Omega 3 recommendations
	Doxazosin XL 4mg to Doxazosin immediate release 4mg	Doxazosin immediate release 4mg	NHS E Doxazosin recommendations
Cost-effective formulations	Doxazosin XL 8mg to Doxazosin immediate release 2 x 4mg	Doxazosin immediate release 2 x 4mg	
	Bath emollients e.g. Olatum® emollient, Aveeno® body wash, Dermol® shower	NHS recommendations: Do not initiate. Deprescribe in patients currently prescribed this medicine. Prescribe only if no other item or intervention is clinically appropriate. Prescribe only if no other item or intervention is available.	NHS E Bath and shower and Self-care (OTC)
	Rivaroxaban capsules 10mg/15mg/20mg	Rivaroxaban tablets 10mg/15mg/20mg	Tablets / capsules are more cost-effective
	Omeprazole tablets 40mg	Omeprazole capsules 40mg	
Change of Product e.g. Brand to generic switch	Omeprazole tablets 20mg	Omeprazole capsules 20mg	
	Omeprazole tablets 10mg	Omeprazole capsules 10mg	
	Macrogol 3350 oral powder 8.5g sachets sugar free	Macrogol compound oral powder sachets NPF sugar free	Cost-effective macrogol laxative
	Branded DOACs	Generic DOACs	
	Urogestan 100mg capsules	Progesterone micronised 100mg capsules	
	Circadin 2mg modified-release tablets	Melatonin 2mg modified-release tablets	
	Vagifem 10microgram vaginal tablets	Estradiol 10microgram pessaries	
	Lipitor 20mg tablets	Atorvastatin 20mg tablets	Potential generic savings
	Sanfort 0.3mg/ml / 5mg/ml eye drops	Bimatoprost 300micrograms/ml / Timolol 5mg/ml eye drops	
	Kalatan 50micrograms/ml eye drops	Latanoprost 50micrograms/ml eye drops	
	Sinemet Plus 25mg/100mg tablets	Co-careldopa 25mg/100mg tablets	
	Lipitor 40mg tablets	Atorvastatin 40mg tablets	
	Cerazelle 75microgram tablets	Desogestrel 75microgram tablets	
	Eliquis 5mg tablets	Apoeban 5mg tablets	
	Nexium 20mg gastro-resistant tablets (AstraZeneca)	Esomeprazole 20mg gastro-resistant tablets	
	Lumigan 100micrograms/ml eye drops	Bimatoprost 100micrograms/ml eye drops	
	Sukkarlo SR 500mg tablets	Metformin 500mg modified-release tablets	
	Losec 20mg gastro-resistant capsules	Omeprazole 20mg gastro-resistant capsules	
	Sanfort 0.3mg/ml / 5mg/ml eye drops 0.4ml unit dose	Bimatoprost 300microg/Timolol 5mg/ml eye dgs 0.4ml	
	Sukkarlo SR 1000mg tablets	Metformin 1g modified-release tablets	

### Anticipated Next Steps (subject to change)



- Agreement from Medicines Optimisation SLT to proceed with consultation (26<sup>th</sup> Feb 26)
- Consult with LMC & LPC (March 26)
- Consult with SWL Clinical Director and/or Clinical Leads (March 26)
- Finalise indicators and detail
- Governance & Approvals being confirmed
  - SWL Medicines Optimisation SLT - 26 March 26
  - SWL IMOC - 22 April 26
  - SWL ICB SMT – 23 or 30 April 26
- Launch date – aim 1<sup>st</sup> May 26 (otherwise 1<sup>st</sup> June 26)

2025/26 SWL MIS - Information for Reference:

## SWL Medicines Optimisation: Medicines Improvement Scheme (MIS)



South West London

- South West London (SWL) Medicines Improvement Scheme (MIS) 2025/26 in place from July 2025 – March 2026:
  - ✓ Promote safe, sustainable, and cost-effective prescribing initiatives to improve patient outcomes
  - ✓ Supports financial sustainability and medicines value allowing re-investment of resources and reducing variation
- Community Pharmacy Briefing developed to provide community pharmacists with practical guidance on what to expect, how to align with Community Pharmacy Contractual Framework (CPCF) services, and actions to support GPs and patients.

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## SWL MIS 25/26: Prescribing Metrics



South West London

### 2025/26 Prescribing Metrics

1. Antimicrobials: length of treatment – Amoxicillin	6. Items which should not be routinely prescribed in primary care (NHS E)
2. Antimicrobials: length of treatment – Doxycycline	7. Safe prescribing: Buprenorphine patches
3. Cost effective prescribing of Melatonin formulation	8. Wound management
4. Appropriate prescribing of Adult Oral Nutrition (ONS)	9. Inhalers - safer prescribing
5. Appropriate cost-effective prescribing of blood glucose testing strips (BGTS)	10. Inhalers - environmental impact

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## SWL MIS 25/26: Areas supporting financial sustainability, quality & safety



Resource	Description	Resource	Description
FreeStyle Libre® sensors	Review oversupply and reduce inappropriate prescribing in line with <a href="#">SWL Continuous Glucose Monitoring (CGM) policy</a> .	Specialist infant formula	Prescribe in line with <a href="#">SWL Specialist Infant Formula Prescribing Guidelines</a> . Ensure patients over 12 months transition to appropriate alternatives unless clinically indicated.
Hospital Only items	Reduce the overall prescribing of hospital only items within primary care across SWL through raising awareness of prescribed data	'Special' order medicines	Reduce prescribing of unlicensed 'specials' across SWL by promoting cost-effective, clinically appropriate, licensed alternatives, where appropriate.
Self-care items	Review and reduce prescribing self-care items that can be purchased over the counter as per <a href="#">NHS England Policy guidance</a> and promote use of the <a href="#">NHS Pharmacy First Service</a> .	Stimulant and osmotic laxative	To prescribe in line with <a href="#">SWL Joint Medicines Formulary</a> preferred choice of laxatives.
Shower protection pouches	Stop routine prescribing of shower protection pouches and auxiliary products for dialysis patients due to lack of evidence and increased infection risk .	Oral vitamin B complex preps	Review and reduce the prescribing of vitamin B complex products, unless for medically diagnosed deficiencies, chronic malabsorption, and refeeding syndrome

### MEDICINES OPTIMISATION POINTS OF CONTACT

DTa stated that for further support, contact your local SWL ICB Medicines

Optimisation Place Team:

- Croydon: [Croydon.Medicines@swlondon.nhs.uk](mailto:Croydon.Medicines@swlondon.nhs.uk)
- Kingston & Richmond: [KR.medicines@swlondon.nhs.uk](mailto:KR.medicines@swlondon.nhs.uk)
- Merton & Wandsworth: [MW.medicines@swlondon.nhs.uk](mailto:MW.medicines@swlondon.nhs.uk)
- Sutton: [Sutton.Medicines@swlondon.nhs.uk](mailto:Sutton.Medicines@swlondon.nhs.uk)

### QUESTIONS AND COMMENTS

#### Meningitis

MP stated that the Gov. have bought up all the stocks of meningitis treatment – so there is currently no point in GPs writing scripts for these treatments. MP stated that this message would need to be sent back to the meds. management team – to then deter patients (perhaps with meningitis) from cross infecting other patients when visiting GPs/CPs.

#### CP/GP Comms

Some members commented that they are now having to wait in queues for 30-45 mins, when calling GP bypass numbers. MP stated that this would mean that a member of staff is then occupied for this time, and the phone line is busy, preventing patients from calling the pharmacies.

#### Disconnect

APa stated that it is clear that many of the consequences of these switch changes for CP are, or were, not known to the meds. management group, and he suggested that deep discussions should now take place, so that the ICB can fully support CP going forward.

DTa stated that she values all the points that the members have shared today.

SS invited DTa to his pharmacy – to see how some of the potential changes could affect the day-to-day working of his pharmacy.

SS stated that he would like to thank DTa for taking the feedback onboard wrt. the PF service.

AP thanked DTa for her attendance, and the committee wanted to empathize wrt. the stress caused by the current re-structure at the ICB.

DTa left the meeting.

DJ asked what SEL LPC are doing that this LPC is not doing wrt. engagement with the ICB and the neighborhood structures.

AP replied that there is a team of four service leads at SEL LPC.

AP added that this is why he is trying to secure funding to employ service leads for this LPC – AP reminded that this had been a significant debate at the last meeting.

AP stated that the ICB have approved “host” organisations and their integration partners at borough level – and there is no mention of CP representation among SW London.

APa suggested that this LPC join with the reps. of the LDC and LOC to lobby to get seats on the “host” organisations.

AP stated that the dentists and Optoms. have very different contracts, as compared to CP.

AP stated that he would be bringing up these issues with the ICB, at the meeting on this afternoon – and he would be challenging the governance processes.

APa stated that there needs to be a mechanism whereby the reps. of this LPC can be able to voice their frustrations to the right people at the top of the ICB.

CJP stated that CP’s worth needs to be trumpeted at every meeting, with every group, for things to change.

MP reminded that Helen Porter (ICB) has not contacted him to set up a meeting, despite having stated that she would a month ago.

DT re-entered the meeting

DT stated that she wanted this committee to recognize the fact that there are certain things that are not in her or DTa’s power to change at the ICB.

DT urged the members to bring her solutions to their issues and frustrations, instead of just solely complaints, so that the LPC and her can work together to move things forward.

DT suggested that the medicines incentive scheme should be looked at to release funding for CP support.

#### **AF service**

DT stated that some pharmacies are doing quite well wrt. numbers of consultations.

DT added that the funding has also been increased for this service.

#### **EOLC service**

AP stated that the LPC had sent an email to Sarah Taylor (Deputy Chief Pharmacist (Medicines Use & Safety) at Southwest London ICB) a month ago to talk about some of the aspects of the service.

DT stated that she would remind Sarah to reply to AP.

#### **Meds. Op Team**

DT stated that there would be some changes in the team over the next quarter.

#### **PF Service**

DT stated that DTa is currently working to include the PF service into the meds. incentive scheme.

DT wondered what would be the best way to incentivize GPs to refer patients into the PF service.

DT stated that there is the issue of the ICB not being able to see all the data for this service.

DT stated that the comms. campaign for this service is continuing.

SB commented that this campaign. Had included an initiative – where patients would be sent text messages to advertise this service.

**EMIS**

DT stated that the “EMIS local services button” function will cease for the hypertension (ABPM) and contraception services – due to funding restriction. DT stated that the function will be transitioned to AcuRX. DT stated that the ICB have set up a training webinar to guide CPs through this transition process. DT recommended that comms. go out to contractors from the LPC – to give pharmacies a “heads up”.

**GP Contract**

DT stated that the new contract stipulates that GP surgeries need to set up a dedicated email address to communicate with their local CPs. AP stated that the BMA have rejected the new GP contract.

**Neighbourhoods**

DT stated that she has been trying to get CP and the meds. optimization team involved in neighbourhood working – but there is not a great deal of working going on at present. DT stated that infrastructures are being developed – and CP needs to be involved in this creation process. DT stated that she would be going to some meetings soon, to discuss the integration process.

**Hypertension service**

DT stated that there would be some post payment verification visits planned from NHS BSA for the next few months wrt. this service.

MP thanked DT for attending the meeting.

DT left the meeting.

**7. TREASURER'S UPDATE**

MS stated that he had opened up two further bank accounts for the LPC – so that the main LPC bank reserve monies could earn interest. MS added that one account is a “fixed” one, and the other is a “9-monthly” one. MS stated that he had deposited £150,000 amongst the two accounts.

MS spoke to the following budget figures:

*CPSWL 2026-2027*

Category	Budget	To Date	Actual	Budgeted v Actual to date	Actual v Budgeted
Staff employment cost	£ 358,680	£ -	£ 358,680	£ 358,680	£ -
Establishment cost	£ 1,920	£ -	£ 1,920	£ 1,920	£ -
Meeting cost	£ 49,800	£ -	£ 49,800	£ 49,800	£ -
Insurance PPS and others	£ 2,640	£ -	£ 2,640	£ 2,640	£ -
levis and License fees	£ 122,802	£ -	£ 122,802	£ 122,802	£ -
Communications	£ 10,200	£ -	£ 10,200	£ 10,200	£ -
Finance	£ 240	£ -	£ 240	£ 240	£ -
<b>TOTAL</b>	<b>£ 546,282</b>	<b>£ -</b>	<b>£ 546,282</b>	<b>£ 546,282</b>	<b>£ -</b>

**From Date1- date2**

Average Monthly Spend:	£ 45,524
Including CPE Levy	£ 45,273
Excluding CPE Levy	£ 36,873
Average Monthly Income	£ 45,273

**Projected Annual Income**

Contractor Levies	£ 501,600	£ -	£ 501,600	£ 501,600	£ -
Bank Interest	£ -	£ -	£ -	£ -	£ -
Employment Allowance					
Other	£ 6,000	£ -	£ 6,000	£ 6,000	£ -
<b>TOTAL</b>	£ 507,600	£ -	£ 507,600	£ 507,600	£ -
Excess/Shortfall	-£ 38,682	£ -	-£ 38,682	-£ 38,682	£ -

**BANK BALANCE AT 31 MARCH 2026 (APPROXIMATE)** £  
167,000  
.00

**LPC Account** £167,00  
0

LPC Money in Current Account

**TOTAL LPC Money**

TRUST ACCOUNT FOR SERVICE NOT PART OF CPSWL ACCOUNT

MS stated that he would have to amend the budget, to account for the fact that at the end of March 2027 – the LPC would have a bank balance of £242,000 and not £167,000.

**MSW Trust account**

MS asked the members if they had any questions about the budget figures for this account. AP stated that the “Sutton Palliative Care” line should be discounted – because no activity had happened wrt. this service.

**Fixed deposit Account**

MP stated that the surplus monies in the main LPC bank account, which has been placed in a fixed deposit Lloyds account (2.04 %) by MS, could be transferred to an alternative account, that gives a better interest rate – and therefore would work harder for the contractors’ money. MP stated that [Flagstone](#) is an example of an alternative bank to save with.

MP stated that his proposal would firstly go to the LPC Finance and Audit subcommittee, and their recommendations would then go to the governance subcommittee for a decision – and that decision would then be communicated to the LPC members, for final sign off. There were no pushbacks from the members on the process of this proposal.

Action	Description	Who to action
12	To discuss and recommend high interest bank accounts for LPC surplus monies to be deposited in.	LPC Finance and Audit subcommittee
13	To decide on a single recommendation wrt. high interest bank accounts for LPC surplus monies to be deposited in.	LPC governance subcommittee

The meeting broke for lunch

**8. LPC - SELF ASSESSMENT  
FINANCE GUIDE**

AP filled out the table below to begin the assessment -

Organisation size guide	
Please enter the number of contractors in your LPC area	271
Please enter the number of NHS ICS covered	1
Please enter the number of Top Tier Local Authorities covered	6
LPC Executive team details	

Date	170326
Author	LPC committee
List those involved in completing this self-assessment	LPC committee

AP reminded the members of the following -

The questions in this checklist are designed to help LPC members to evaluate the LPC's performance against the legal requirements and core practice recommendations set out in the LPC Finance Guide. Committee Members should review their LPC's performance at least once a year.

The answers in the checklist should be based on the Committee Members' knowledge of what actually happens in the LPC and not what they expect to happen. You may choose to delegate the detailed work on financial controls to one or more committee members or to members of staff.

But all Committee Members remain responsible for LPC financial management and for implementing and monitoring internal financial controls. Having an internal control in place is only part of the picture. It must operate in practice to be effective.

MS stated that he had completed the whole assessment document on behalf of the members – and this had been sent to CJP to sense check – however he needed to confirm the answer to three questions -

**4.2 - Does the LPC use a dual authorisation system for BACS payments?**

MS stated that he is currently the sole authorizer of payments at present.

CJP reminded that two authorisers are needed if the amount to be paid is above a certain amount.

**4.3 - Do all employees have contracts of employment, using the template provided by Community Pharmacy England?**

MS asked whether the contracts were filled anywhere.

AP stated that he and HP do have contracts, which are filed.

**4.5 - Are checks made by someone other than the person who made the entry in the accounting records?**

AP stated that finance details are brought to every LPC meeting – and the committee is encouraged to check.

MS stated that he would send the “filled in” finance assessment document to HP – for her to send to CPE.

**MAIN LPC GUIDE**

	Red level: Inadequate	Amber level: adequate	Green Level: Good	Evidence available
<b>Written Governance Arrangements</b>	LPC members may be aware of the LPC governance requirements, but the LPC has not adopted the latest model constitution and/or the Governance Framework.	LPC has adopted the model constitution, adopted the new Governance Framework and Code of Conduct and published on the website.	As Amber Level, plus the LPC also has either: a lead LPC member for governance; or a governance subcommittee who have the confidence and competencies to respond effectively to sensitive governance issues. There are regular reports provided to the main committee.	Green
<b>Declarations of Interest</b>	LPC has declarations of interest, but completion rate is less than 100% or has not been refreshed within the last 15 months.	All LPC members and the LPC Chief Officer have signed declarations of interest, and these have all been updated within the last 15 months.	As Amber Level, plus the declarations of interest are published on the website.	Amber
<b>Chief Officer and other roles</b>	LPC does not yet have an agreed job description for the role written. Employed Role – There is no signed contract of employment. Self-employed or limited company arrangement – Contractual arrangements have not been reviewed to check employment status. Non-employed or Contracted Chief Officer -- A clear plan is not in place to ensure that the statutory and constitutional obligations of the LPC are met and maintained together with key Strategic Plan outcomes.	LPC has a job description written for the role and agreed using the CPE model as a basis. Employed Contract – There is a signed contract of employment in place using the Clyde & Co LLP drafted LPC templates. Annual reviews/appraisals are linked to LPC priorities and personal development plan in place with measurable personal performance management targets set. Non-employed Contract -- A contract is in place using the Clyde and Co LLP template and employment status has been established. There is a regular review of service delivery against the contract for services and LPC Work Programme.	As Amber Level, plus there is a Chief Officer in post who has structured meetings at least twice a year with at least one nominated committee member that includes: Employed Contract -- A review of performance against targets. Contract for Services -- A review that the terms of the contract are being fulfilled by using the Clyde and Co LLP Template, reviewed annually.	Amber
<b>LPC Reporting</b>	Chair or Chief Officer provides verbal reports on LPC activities to the Committee.	Chair, Chief Officer and members provide written reports on LPC activities, including meetings attended on behalf of the LPC, to the Committee at each LPC meeting. These are discussed as an agenda item at each LPC meeting.	As Amber Level, plus the meetings together with the names of the individuals attending on behalf of the LPC for the planned period up to the next LPC meeting are on the agenda as a matter of report or as part of reporting on the operating plan.	Amber
<b>LPC Agendas and Minutes</b>	Agendas and minutes of meetings of the LPC are not routinely made available to pharmacy owners.	Pharmacy owners can view the LPC meeting agenda before each meeting and minutes via the LPC website within 3 working days of them being accepted, except any redacted parts.	As Amber Level, plus any confidential business described within the minutes sufficient for readers to understand that a matter was discussed.	Amber
<b>Chief Officer and Treasurer Roles</b>	A single individual undertakes the role of both Chief Officer and Treasurer, although the LPC may be working to separate the roles; or the LPC has not reviewed the appointment of the Treasurer within the last 15 months.	LPC has clearly separated the roles of Chief Officer and Treasurer. LPC has reviewed the appointment of the Treasurer within the last 15 months.	As Amber Level, plus the LPC has assured itself of the personal independence of the Treasurer within the last 15 months. The assurance is documented so that, if challenged, it can be called upon as evidence.	Green

Commented [MA1]: LPC should have a job description and agreed with reference to the CPE model.

<b>Policies and procedures</b>	No structured approach to policies and procedures.	Has the required policies and procedures in place including adopting Clyde and Co LLP employment procedures and that the Committee has assurance and oversight of these.	As Amber Level, plus published relevant policies and procedures and has undertaken an audit of these within the last 12 months.	Green
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### Business and Strategic Planning

	Red level: Inadequate	Amber level: adequate	Green Level: Good	Evidence available
<b>Strategic Plan</b>	LPC has no Strategic Plan for community pharmacy or has a plan that hasn't been shared with all local commissioners or has a plan that hasn't been reviewed in the last 15 months.	LPC has a Strategic Plan that provides a vision for community pharmacy and for developing the local market for pharmacy services. The Strategic Plan has been reviewed and refreshed by the committee in the last 15 months. The Strategic Plan has been shared with the local commissioners and pharmacy owners.	As Amber Level, plus the plan has been reviewed and refreshed by the committee in the last 12 months within a programme of planned review and aligns to the 'Vision for Community Pharmacy'.	Green
<b>Work Programme</b>	LPC has no Work Programme identifying workstreams and actions for officers and members of the committee or has a Work Programme that hasn't been reviewed in the last 4 months.	LPC has an annual Work Programme to ultimately achieve the Strategic Plan within the lifetime of the plan. The Work Programme provides the basis for budget setting and identifies workstreams and actions for officers and members of the committee.	As Amber Level, plus the Programme is typically reviewed formally at each committee meeting with areas showing slower than expected progress highlighted and contingencies prepared together with budgetary controls.	Amber

### LPC Management and Structure

	Red level: Inadequate	Amber level: adequate	Green Level: Good	Evidence available
<b>Operational Capacity</b>	LPC has not formally considered or adjusted where necessary operational capacity against needs within the last 12 months.	LPC regularly reviews at least twice a year the annual Work Programme to deliver the Strategic Plan. On each occasion operational capacity is considered. Any adjustments made to increase or decrease capacity are implemented within 6 months of that decision.	As Amber Level, but the review of the Work Programme is undertaken at each LPC meeting.	Green
<b>Capability and Expertise</b>	LPC has not formally identified or reviewed the additional capability and expertise needed by the LPC to work successfully in the current commissioning and support environment within the last 15 months.	LPC has formally identified capability and expertise needed by the LPC to work successfully in the current commissioning and support environment within the last 15 months and, where necessary, has secured access to those identified resources and expertise to draw on when required.	As Amber Level, plus the LPC reviews progress and cost at each meeting, taking action as appropriate.	Green
<b>Size and Structure</b>	LPC has not responded to the RSG proposals in full discussed both within the committee and at regional level the fitness for purpose of the existing structures when evaluating the needs of representativeness and efficiency of the committee and	LPC has responded to the RSG proposals and discussed at regional level the fitness for purpose of the existing structures when evaluating the needs of representativeness and efficiency of the committee and adjusted, where appropriate.	As Amber Level, with systems to review ahead of the next election in 2027, where supported by pharmacy owners considered boundary, size of LPC and where possible	Green

	adjusted, where appropriate, to meet those needs at least once within the last four years.		more closely aligning with the local NHS.	
<b>Working Together to Support Capacity</b>	As above and LPC has not discussed within either the committee or at regional level to evaluate possible joint working, collaboration, sharing resources or potential mergers with other LPCs once within the last 24 months.	LPC has discussed both within the committee or at regional level to evaluate possible joint working, collaboration, sharing resources or any further potential for mergers with other LPCs once within the last 24 months.	As Amber Level, plus this discussion has led to either maintenance or development of joint working, collaboration or sharing of resources between LPCs or future merger scoping with a clear plan and timeframe agreed.	Green
<b>Members' Competence</b>	LPC has not formally considered member training needs in the last since the new term of office in April 2023.	LPC has formally considered member training needs since April 2023, and members have attended appropriate training events where necessary to ensure the Committee has the skills to carry out its work. All LPC members (new and re-elected or re-appointed) should be provided with the following:  1. Local induction including copies of the LPC constitution and LPC expenses policy 2. Guide for new LPC members (updated June 2023) 3. Role of LPCs – a quick guide for LPC members (updated June 2023) 4. LPC Finance Guide (October 2023) 5. Employment Law briefing note: risks of liability (July 2022) 6. LPC Competition Law Guidance	As Amber Level, plus a formal skills/experience audit of members of the LPC has been carried out and reviewed since April 2023. Formal consideration made for succession planning. A programme of relevant activity drafted to meet any skills needs identified has been agreed.	Green
<b>CPE Regional Representative</b>	There is no regular invitation for the elected CPE Regional Representative to attend LPC meetings and no representatives are sent to regional LPC meetings.	There are regular regional meetings to which the elected CPE Regional Representative is invited.	As Amber Level, plus the elected CPE Regional Representative has a regular invitation together with agenda and papers to attend all LPC meetings and there is an agenda item available for them to present or answer questions and discussion.	Green
<b>Sharing Innovation</b>	There is no sharing of innovation in areas such as ways of working, service development and relationship building.	Innovation is shared locally with contractors or neighbouring LPCs.	Innovation is shared locally with contractors and shared at national or regional level, with contributions to the CLOT and the Services Database.	Green

**Communication**

	Red level: Inadequate	Amber level: adequate	Green Level: Good	Evidence available
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<b>Communications Plan</b>	The LPC does not have any structured communications plan or ambitions for engagement with contractors and stakeholders.	The LPC has a communications plan which sets out how it will engage with contractors, e.g., through meetings, the LPC website and email newsletters. The plan also identifies key stakeholders. The LPC has re-branded since 2023.	As Amber Level, plus the LPC has reviewed progress on the plan at least once in the past 12 months. The LPC has moved to be known as 'Community Pharmacy Local' and considered adopting the CPE/CPL branding.	Amber
<b>Communication Mechanisms</b>	There has been no direct communication to contractors within the last month; any website presence has only contact details with essential news and information.	LPC has contacted all contractors within the last month and has various channels to do so; the LPC website uses the CPE template and standard menu including all relevant local information including services.	LPC has a website that is well maintained, publicised and kept up to date with information for contractors on LPC business, LPC resources together with other local issues and news. LPC has active social media channels and monitors engagement.	Amber
<b>Informing Pharmacy Owners and their Teams about Commissioning Matters</b>	LPC has not directly informed contractors of commissioning matters within the last four months.	LPC has routinely informed contractors of commissioning matters including local commissioning plans, targets and opportunities together with reports of the LPC's work on behalf of contractors to promote community pharmacy to commissioners.	As Amber Level, plus there are clearly identified links to the LPC Strategic Plan and Work Programme within the communications.	Amber
<b>Media Relations</b>	Appropriate LPC Officers have not had training to respond to queries from the media when asked.	Appropriate LPC Officers had training to respond to queries from the media when asked. There is an LPC member or Officer who is responsible for media relations and suitably trained to meet the requirements of the Work Programme.	As Amber Level, plus the LPC proactively represent views through the media and issue press releases to promote local pharmacy when appropriate and has done so at least twice in the last 12 months.	Green
<b>Pharmacy Owner Passive Engagement</b>	LPC holds at least one pharmacy owner meeting a year, which may be the Annual Meeting.	LPC has a mechanism by which views expressed by pharmacy owners can be considered by the committee and a response made to the contractor. LPC holds at least one pharmacy owner meeting a year, which may be the Annual General Meeting.	As Amber Level, plus LPC regularly reminds contractors of methods by which their views can be considered by the LPC and promotes views to be shared via the CPE opinion polling.	Green
<b>Pharmacy Owners Proactive Engagement</b>	LPC cannot demonstrate proactively seeking views of non-LPC member pharmacy owners in advance of at least one meeting (which is not the annual General Meeting) within the last 15 months.	LPC can demonstrate proactively seeking views of non-LPC member pharmacy owners and representatives in advance of at least one meeting (which is not the Annual General Meeting) within the last 15 months.	LPC can demonstrate proactively seeking views of non-LPC pharmacy owners in advance of at least three meetings (one of which can be the Annual General Meeting but is not the views on the Annual Report or Accounts) within the last 15 months.	Green
<b>Local MPs</b>	The LPC know who the local MPs are but have not had any contact with them in the past 12 months.	The LPC has contacted at least one MP in their area via email; or has hosted a visit to a community pharmacy; or has met directly with an MP within the last 12 months.	As Amber Level, plus the LPC has engaged with all local MPs and Prospective Parliamentary Candidates in some form within the last 12 months and has an ongoing relationship with at least one supportive MP.	Amber

**Contract Development**

	Red level: Inadequate	Amber level: adequate	Green Level: Good	Evidence available
<b>Essential Services</b>	LPC is supporting contractors, where requested with difficulties complying with the contract requirements to support implementation.	LPC is involved as appropriate with monitoring visits with the ICB Pharmacy Contract Team. LPC is supporting contractors, where requested with difficulties complying with the contract requirements to support implementation.	As Amber Level plus provision of data to contractors to assist compliance with CPCF more broadly. Signposting to trade bodies for general business advice and to CPE for non-local NHS / CPCF matters.	Green
<b>Advanced Services</b>	LPC has no Work Programme to regularly review or encourage uptake and of Advanced Services and implementation of new services.	LPC has reviewed within the last 12 months how many contractors are providing Advanced Services in the LPC area. LPC support pharmacy owners with Advanced Services and works with the local NHS, GPs and others when starting Advanced Services and provide a briefing on the services and arrangements appropriate to local circumstances.	As Amber Level, plus the LPC reviews, at least every 4 months, both the number of contractors providing Advanced Services together with the level of delivery and reviewing the Work Programme accordingly.	Green
<b>Commissioning Environment for Local Services</b>	Whilst LPC members and officers may be familiar with procurement and commissioning rules, information is only provided to contractors upon request.	LPC has provided guidance to all contractors explaining the local commissioning landscape and arrangements to contractors.	LPC has implemented an ongoing communications plan to all contractors explaining the local commissioning landscape and arrangements to contractors together with relevant changes.	Green
<b>Negotiation of Local Services</b>	LPC has no Work Programme to regularly review or encourage the LPC's local service negotiation.	LPC can demonstrate that they are proactively working with local commissioners to negotiate new Local Services provision and maintain or develop current Local Services. A proactive programme of review of current arrangements has been undertaken within the last 15 months to ensure that continuation and development of Local Services takes place. The LPC uses the CPE costing briefing for Local Services.	As Amber Level, plus negotiates and develops local contracts based on national templates and frameworks where available. Where LPC has successfully negotiated a new Local Service, this is for a period approved by the LPC to ensure successful implementation, sustainability and return on investment and LPC has highlighted to contractors any significant changes or key requirements of new contractual arrangements. If no new services have been negotiated within the last 15 months, then the Work Programme has these actions explicitly stated.	Green
<b>Supporting Delivery of Local Services</b>	LPC provides reactive support to all contractors, or individual contractors, to maintain and develop Local Service income.	LPC Strategic Plan and Work Programme both identify a workstream to maintain and develop Local Service income for contractors. This workstream can be demonstrated to be active.	As Amber Level, plus the LPC can demonstrate that they have proactively provided support to contractors to engage and deliver Local Services.	Green
<b>CPE Services Database</b>	LPC does not use the services database.	LPC uses but does not contribute to the services database.	LPC uses and has contributed to the services database in the last 12 months.	Green

**Stakeholder Relationships**

	Red level: Inadequate	Amber level: adequate	Green Level: Good	Evidence available
<b>Stakeholder Mapping</b>	No co-ordinated or documented approach to stakeholder management.	Completed local stakeholder mapping using CPE templates within the last 12 months	As Amber Level, plus proactively engages with identified stakeholders at agreed intervals to maintain and develop relationships.	Green
<b>Needs Assessments and Strategic Plans</b>	LPC may be familiar with the local needs assessments (JSNA, PNA), public health report and commissioning Strategic Plan but does not yet have regular dialogue to influence.	LPC has identified the key individuals who influence planning and strategic decisions at Local Authorities and Integrated Care Board and has discussed community pharmacy's role in implementation of the commissioner's Strategic Plans within three months of publication.	As Amber Level, plus the LPC discusses the role of community pharmacy with those key individuals before the publication of the commissioner's Strategic Plans with the aim to embed that role within those plans.	Amber
<b>Patients and Representatives</b>	LPC may be aware of the key individuals who represent patients view locally but does not yet have regular dialogue.	LPC has identified the key individuals within local patient representative organisations and elected representatives (local councillors and MPs) who influence planning and strategic decisions and has taken the opportunity to discuss the role that community pharmacy can and does play in local service delivery within the last 12 months, when the opportunity arose.	As Amber Level, plus the LPC has sought to proactively engage with those key individuals at least once within the last 12 months.	Green
<b>General Practitioners</b>	LPC has no formal plans for engaging with GPs.	LPC representatives meet at least twice a year with LMC colleagues or other GP leadership, such as PCN Clinical Leaders, to keep GPs informed and discuss any interprofessional issues.	As Amber Level, plus the LPC has actively promoted referral routes into community pharmacies from General Practice. Has ongoing funded arrangements for engagement in Primary Care Networks (PCNs)	Green
<b>Other Professionals</b>	LPC may be aware of the key individuals who represent other professionals, such as other Local Representative Committees and Locality Groups but does not yet have regular dialogue.	LPC has identified the key individuals who represent and influence other professionals and has taken the opportunity to discuss the role that Community Pharmacy does and can play in local service delivery within the last 12-24 months, when the opportunity arose.	As Amber Level, plus the LPC has sought to proactively engage with those key individuals at least once within the last 12-24 months.	Green
<b>NHS England Region, NHS Pharmacy Contract Teams (ICB or hosted region)</b>	LPC may know the key individuals who influence commissioning decisions but does not yet have regular dialogue.	Administration of pharmacy applications, fitness to practise and monitoring are always reviewed. LPC has identified the key individuals who represent and influence commissioning decisions and has taken the opportunity to discuss the role that community pharmacy does and can play in local service delivery within the last 15 months, when the opportunity arose.	As Amber Level, plus the LPC has sought to proactively engage with those key individuals at least once within the last 15 months.	Green
<b>Local Authorities</b>	LPC may know the key individuals who influence	LPC has identified the key individuals who represent and influence commissioning decisions and has taken	As Amber Level, plus the LPC has sought to proactively engage with	Green

	commissioning decisions but does not yet have regular dialogue.	the opportunity to discuss the current and future role that community pharmacy does and can play in local service delivery together with local public health priorities within the last 15 months, when the opportunity arose.	those key individuals at least once within the last 6 months.	
NHS ICBs	LPC has no work plan to engage with ICBs and the wider system.	LPC has a work and communication plan to engage with work collaboratively with the ICBs, including the Chief Pharmacist, Community Pharmacy Clinical Leads, Provider Collaboratives (or equivalents) and other relevant parts of the ICB.	As Amber Level, plus the LPC is embedded in key workstreams or a community pharmacist or the LPC have secured involvement at Board level.	Amber

The members present agreed with the answers given above.

AP stated that this completed document would be used to action workstreams that would turn the “amber” categories to “green”.

**TAPR REVIEW**

AP and BP introduced this agenda item as follows:

The Review Steering Group (RSG) recommendations, developed following the Wright Review, included a commitment to undertake a future assessment of their effectiveness. Over two years have now passed since the conclusion of the implementation phase, delivered through the Transforming Pharmacy Representation (TAPR) Programme. This provides an appropriate point at which to review progress, understand the impact of the changes introduced, and to inform future governance and operational improvements. Community Pharmacy England through its Governance & People Subcommittee, is now commissioning a review of both the implementation and effectiveness of the RSG and TAPR recommendations. The review will be independently analysed and written up, with findings due to be reported in summer 2026.

A key element of this process is the involvement of Local Pharmaceutical Committees (LPCs), whose perspectives and experiences are critical to assessing how the reforms have been adopted across the network.

**Aims and approach**

1. To evaluate whether the actions taken under the RSG and TAPR programmes have been effective.
2. To gather structured feedback from CPE Committee members and LPCs on progress to date.
3. To support future governance, LPC support, and operational decision making based on evidence.

AP reminded that one of the recommendations was for a “Council” of LPCs Chairs to be set up, to manage the work of CPE – to provide oversight.

AP added that, instead of this a “forum” of Chairs had been set up – which currently has no oversight powers.

CJP chaired for the remainder of this section.

The committee members, excluding BP and MP (because they sit on the CPE committee), all discussed how to answer the following survey questions.

AP stated that these survey questions would be submitted via the CPE web portal.

9. A.O.B.

**LPC BUDGET**

MS asked for whether there were any questions from the members wrt. the revised LPC budget. MS stated that the papers that he had sent had not allowed for the increase in CPE levies. There were no questions from the members.

**MARKET ENTRY**

SS stated that there had been one application for closure, for a pharmacy in Putney. AP added that there has also been a change of ownership for another pharmacy.

**SB WAGE INCREASE REQUEST**

SB stated that he had not heard anything about this request. AP stated that he thought that a communication had been sent to SB – stating that his request for a wage increase to £15 per hour was reasonable.

**ADVANCED PAYMENT REQUESTS**

DTR stated that these used to be available for any high cost drugs, and he would be doing some work to try and resurrect this policy at the ICB.

*CJP closed the meeting.*

GLOSSARY OF ACRONYMS

ABPM	Ambulatory Blood Pressure Monitor
A&F	Audit and Finance
AF	Atrial Fibration
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
DPP	Designated Prescribing Practitioner
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
IMOC	Integrated Medicines Optimisation Committee
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
LLW	London Living Wage
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

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 <a href="https://virtualoutcomes.co.uk">https://virtualoutcomes.co.uk</a>