Community Pharmacy South West London

LPC MEETING MINUTES – WEBSITE 010626

Date:	Monday 1st June 2026
Time:	10.00 – 14.30
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	Present
Beran Patel (CPE rep)	BP	Present
Ravi Vaitha (IPA)	RV	Apologies given
Jyoti Bakshi (CCA rep)	JB	Apologies given
Radhika Amin	RA	Apologies given
Shahil Soni	SS	Present
Bola Sotubo	BS	Present
Amish Patel	APa	Present
Subha Subramanian	SSu	Present
Umesh Amin	UA	Apologies given
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 until 13.30
Rubena Munglah	RM	Present
Dipesh Shah	DS	Apologies given
Stuart Brown (Minute taker)	SB	Present
Guests		

Dina Thakker (CPCL SWL ICB)	DT	Present 11.00 – 11.45
Sponsors: Lakhjit Cheema from Cipla	LC	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**

Lakhjit Cheema from Cipla spoke to the members about respiratory products.

4. **MINUTES FROM THE MEETING 210126**

ACCURACY

The minutes were taken as an accurate record.

PREVIOUS ACTIONS & MATTERS ARISING

- **Previous Action – DT to ask the Meds. Opt team to extend the period to run down old medicine stocks in favour of new ones – from two to three months:**

AP stated that this is currently an IMOC decision, and the LPC will continue to push back against this decision

Neighbourhood Working

Action	Description	Who to action
1 Previous	To talk to Katie Bourger? Andrew Bland re. how the £20 million funding is being used to help CP be included in "neighbourhood" working.	AP

AP stated that the LPC continues to push – but have had no response wrt. the above action, because the neighbourhood steering group hasn't discussed the matter as yet.
AP stated that he would be raising this issue with Andrew Bland (ICB CE).
AP reminded that Andrew would be attending the next LPC meeting.

- **Previous Action – AP & SB to report back on the progress of the London LCS data spreadsheet:**

SB stated that he had completed this spreadsheet and had sent the final document to the MPG office to sense check – although there has been no comms. back.
AP agreed that this document is awaiting MPG sign off.
AP asked SB to send him the finished document.

CEO Update

Action	Description	Who to action
2 - previous	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 this action is still scheduled to be addressed at the Primary Care Steering Group – which still haven't met

LPC service leads

Action	Description	Who to action
3 – previous	To finalise the funding source for the employment of three borough service leads – by end of SUMMER 2026.	AP, APa, SSu, JB & DTR

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 (by speaking to Andrew Bland) – to secure funding for the leads, before raising contractor levies to help fund the employment of the leads.
AP stated that the LPC would be in the best position to decide how to take forward the "borough leads" work at the end of Summer 2026.
APa stated that this proposal and the associated actions had been pending for two meetings now, so he wanted to know a definite date for completion.
AP replied that the timeline is the end of Summer 2026.
AP added that the committee had agreed to employ three borough service leads – the question is whether the LPC or the ICB pay for them.
APa added that by waiting for the funding, the contractors miss out on a couple of months of support.
AP agreed that this is a calculated risk to take.

Treasurer's Update

Action	Description	Who to action
4 - previous	To set up a high interest bank accounts for LPC surplus monies to be deposited in.	LPC governance subcommittee

Stock Shortages
SS stated that he had met with DT – and a subgroup had been formed.
The purpose of this subgroup was to get the message across to GP practices re. helping CPs to manage stock shortages.
SS stated that DT had created a newsletter with these messages contained within, to send to GPs.
SS stated that he had asked for a 5-minute timeslot at the next Meds. Management meeting to talk about the issues facing CP.

5. <u>COMMUNITY PHARMACY LONDON</u>
LEVY INCREASE
AP stated that the CP London business plan and business case had been circulated, and he asked the members for any questions re. these documents.
AP reminded that CP London haven't raised their levies in many years.
AP stated that there has been an ask to raise the levy to £60 per contractor per year - £5 per contractor per month.
AP stated that this would cost this LPC £700 per year (with the saving of not continuing with the Virtual Outcomes facility).
AP proposed that the members vote to approve the payment of the increased CP London levy amount – from £50 to £60 per contractor per year.
- All the members voted in favour (except one member who voted "no") of the above proposal – therefore it was approved for the LPC to pay of the increased CP London levy amount – from £50 to £60 per contractor per year.

BS wondered whether CP London does a good enough job of communicating to contractors about the work it does to help them and the sector.
AP stated that SB would be using the bi-monthly CP London newsletter to trumpet the good work of CP London.

AP stated that CP London was thinking of re-instating the weekly "drop in" meeting – where London contractors could talk directly to CP London executive members about CP London work.

AP stated that he and the CEO and Chair of CP London had co-authored a paper called "modern community pharmacy in London" – and Ed Davey is looking to launch this document in the House of Lords at the end of July.

CP LONDON INCORPORATION

AP stated that CP London had £50,000 worth of industry funding coming into the organisation for the purpose of helping to set up the CP x GP summit in November 2025, and CP London hopes to organise another summit in 2026.

AP stated that CP London is currently asking for a loan of £6,000 to begin the process of incorporation, across all the London LPCs – which CP London will pay back over two years.
AP stated that this LPC would be asked to loan CP London £1,500.
AP stated that CP London currently runs a very tight budget – and the LPC levy pays for the running of
AP stated that the £6000 loan would be used to pay LMC Law to set up the meetings, terms of working, company registration and articles of association etc.
AP stated that LPCs would be paid back using VAT savings from organising further events.

MP and JMC suggested that the loan amount be paid back with interest (at the rate in the LPC current account).

Action	Description	Who to action
5	To propose that the CP SWL loan to CP London, to help with "incorporation" be paid back with interest.	AP & MP

AP proposed that the members here vote to approve the action of CP SWL loaning CP London an amount of £1,500 (with reasonable interest) for the purpose of incorporation.
All members voted in favour, except one abstention – therefore the committee approved the action of CP SWL loaning CP London an amount of £1,500 (with reasonable interest) for the purpose of incorporation.

CP SWL INCORPORATION

BS asked whether there would be any overlap between this LPC's provider company, and the proposed CP London provider company.
AP stated that he had taken guidance from CPE wrt. how the LPC should manage its finances, and he was not comfortable with the response.
AP stated that lots of companies (who would be used as sponsors) now use "portals" – that would require this LPC to submit lots of company information before they would agree to sponsor an event.
AP added that the LPC is still holding lots of service funding in the LPC bank account.

AP asked the Chair of the Primary Care Group at the NHS Confed. for his opinion – and he had said that GP Federations have a clear separation between the levies collected and any other funding for services.

AP stated that he had thought about this LPC joining the South London Alliance (CP SWL's provider company).
AP stated that he had spoken to Reena Patel (CEO of the Alliance) and Raj Matharu (CP SWL CEO) – and there were concerns wrt. how the funds should be amalgamated.

AP stated that SEL ICB is putting lots of funds into the South London Alliance – and they would not want that money diluted across SW London.
AP stated that the current **proposition** would be to join the South London Alliance, but to set up two separate accounts and two separate cost centres (one for each LPC) so that the funding and workstreams are not mixed.
AP stated that there would be one board/management structure with two separate companies underneath.
AP stated that the South London Alliance is a company limited by guarantee.
AP stated that the South London Alliance has already got a trading history.

AP stated that CP SEL will have to run this proposition by their board.
AP stated that CP SEL are keen to set up a meeting in a couple of weeks – for this to be discussed properly.

MP stated that he had been concerned about shareholding – but he was reminded that the company is not owned by anyone, and it is limited by guarantee.
AP stated that this LPC would want to appoint some CP SWL board members to the Alliance, who would be seen as separate to the LPC, but could also be LPC members.
AP stated that there would be no formal request for membership, therefore CCA members could be affiliates of the federation, and the CCA stance is for LPCs to join existing structures wherever possible.
AP stated that he was unsure whether there would be a cost to join the South London Alliance, but this LPC would have to contribute to the "running costs" of the South London Alliance.
MP suspected that there would be a "buy in" fee – which would be negotiated. MP added that it should cost this LPC no more than £10,000 to join the South London Alliance.

AP stated that the articles of association would be reviewed, and rewritten, if and when CP SWL join the South London Alliance, and this would be part of the "buy in" fee.

AP proposed that the members here vote to approve the action for a subgroup to be formed – who would then take ahead the work of joining the South London Alliance, but to set up two separate accounts and two separate cost centres (one for each LPC).
All members voted in favour, except one abstention – therefore the committee approved the action for a subgroup to be formed – who would then take ahead the work of joining the South London Alliance, but to set up two separate accounts and two separate cost centres (one for each LPC).

Action	Description	Who to action
6	To set up a subgroup (virtually) of LPC members who could meet with CP SEL reps to discuss the ramifications of joining the South London Alliance	MP/AP

6. SWL LPC UPDATE AND FEEDBACK

MP welcomed DT to the meeting.

DT gave her report to the members.
MEDICINES IMPROVEMENT SCHEME (MIS)

Action	Description	Who to action
7	To send AP/MP the presentation slides from Diana Tanner summarising the changes made to MIS.	DT

AF SERVICE

DT stated that there is a monthly steering group meeting for this service.
DT stated that wrt. payment for the service, contractors need to send invoices to the LPC, for them to get paid.
DT wondered whether the contractors would need reminding of this process.
AP stated that the LPC would usually download the invoices itself from PharmOutcomes – but he has no access to this module on PO.
DT stated that the LPC would be able to access this service on PO and has access to a "management function".

Action	Description	Who to action
8	To send AP the details of who, at the LPC, holds the log-in for the PharmOutcomes AF service module – so that invoices can be downloaded.	DT

DT stated that meetings re. AF service issues would be set up again, as contractors have been saying that they have not been receiving any GP referrals into CP services.
DT stated that DTR had suggested that PCN clinical directors could be engaged with, to try and improve referrals. DT added that practices themselves could also be approached to ask them to engage more fully in the services.

DT stated that the steering group had decided that the service would be swapped from two existing pharmacies to two new ones (who had submitted EOIS historically) – due to poor engagement, for multiple reasons. DT added that the two pharmacies know that they will be taken of the AF service list.

STOCK SHORTAGES

DT stated that some comms. have been sent out wrt. this subject.
DT asked the members what more the ICB could do.
DT stated that setting up training hub hosted webinars on the subject of stock shortages, for all of Primary Care had been suggested.
AP stated these webinars would be a really good idea.

AP suggested that a workshop on this subject could be suggested for a Training Hub INT summit.
DT stated that a webinar on the subject of stock shortages could be inserted into the neighbourhood plans.
DT stated that the content of the webinars would be co-created with the LPC.

SSu stated that it would be good for the ICB to let contractors know of any changes to testing strip stocks before the changes would be made at the surgery's end.
DT stated that a similar process of cascading information about "national switches" should be put in place for "local switches".

Action	Description	Who to action
9	To look to set up a process of cascading information about "local meds. switches" to CPs/LPCs – similar to the process for "national switches".	DT

APa asked whether there was any appetite to funding some form of live vigilance of stock shortages – which CPs could feed into.
DT stated that shortage information is currently volatile and changes very quickly.
DT added that the prices also vary according to depot – and there needs to be consistency.
DT stated that monitoring the shortages would take a great deal of time for an ICB staff member.

Action	Description	Who to action
10	To look at the viability of setting up a "live" stock shortages database – that CPs could feed into.	DT

Issues to do with GP staff having access to wholesaler meds. numbers.

Action	Description	Who to action
11	To add to the ICB comms. to GPs – the message for GP staff to ask pharmacy staff first, before they would tell patients about medicine stock issues.	DT

ICB STAFF STRUCTURE

Action	Description	Who to action
12	To ask whether the final ICB staff structures could be shared with the LPC.	DT

ORDER WHAT YOU NEED CAMPAIGN
DT stated that some of the pharmacies may have received these posters.

PAEDIATRIC LABELLING

Action	Description	Who to action
13	To relay the message that GPs needs to be clearer wrt. prescription labelling.	DT

APa stated that the MHRA June 2020 guidance says that the Pharmacist who dispenses should make directions more patient friendly.

PHARMACEUTICAL WASTE
MP stated that he has a meeting with the providers across the whole of South London to talk about these issues.

MP thanked DT for her update.

DT left the meeting

7. CEO UPDATE

LPC ELECTIONS
AP stated that the next round of LPC elections would be taking place in 2027.

AP stated that the annual report is being drafted ahead of the committee's first AGM in September 2026.
MS stated that the accountants had not been met yet.

AP stated that CPE is currently working on updated LPC election guidance, which they plan to publish by July 2026. This will reflect updated milestones; clarified roles and key dates; aligned to model constitution and operational updates such as use of digitalisation. There will also be other strands of support including:

- **Returning Officer training & tools:** online briefing sessions; end-to-end walkthroughs; common pitfalls/lessons from 2023; checklists and template timelines.

- **Digitalisation support:** e-distribution of nomination papers/candidate statements; guidance on publishing election information online; explore secure digital voting platforms (subject to LPC choice and budget); consider better use of NHSBSA contractor data where feasible.
- **Boost participation & engagement:** encourage candidates to stand; improve voter awareness/turnout; clearer messaging on the role/expectations of LPC members (and regional reps).
- **Succession planning link:** prompt LPCs to reflect on leadership needs and proactively encourage future candidates alongside election activity.

Indicative 2027 cycle milestones
To help with forward planning, the current indicative timetable is:

- **31 October 2026** – Data cut-off
- **16 November 2026** – Notification of entitlements
- **11 January 2027** – Nominations issued
- **22 February 2027** – Nominations close
- **1–15 March 2027** – Ballots (if required)
- **By 19 March 2027** – Results declared
- **1 April 2027** – Members take office

AP stated that these are subject to discussion with the LPC (via CLOT), alignment with CCA/IPA operational requirements (discussions to take place) and sign off by the CPE committee.

MP and BP stated that the CPE work to define which pharmacy contractors would be classed as independents or multiples or IPA etc. had been sidelined due to the contract negotiation.
BP stated that this work would now continue.

MP asked how the membership rules would take into account an owner who part owns a pharmacy.
AP suggested that each contractor should tell the LPC what membership they would like to be part of.
AP proposed that the LPC should survey every contractor to get these answers.
AP stated that the data cut off for the elections is 31 October 2026, therefore the LPC cannot wait for CPE to come back with an answer on this – this LPC should decide what its policy is asap.

AP stated that the LPC would need to change its current constitution, for the stipulation to be added so that any SW London contractor could nominate themselves for any one of the three types of membership. AP added that a special general meeting would have to be held for the constitution to be voted upon – these are very tight timelines.
BS backed AP's proposal to send out a survey to all contractors to ask them what membership they would like to be affiliated with – as this could be done in parallel with the action of asking CPE what their new membership definitions currently are.

BS wondered how the external, independent body would determine what membership the different contractors seeking election would be affiliated to, without proper definitions.
AP stated that the date to feedback to CPE wrt. the election timelines is the 12 June 2026.
AP proposed that a special meeting be set up for next week.

Action	Description	Who to action
14	To send members papers from CPE wrt. LPC election process.	AP/HP
15	To set up a special LPC virtual meeting during the week of 8th June 2026 – to discuss the possibility of changing the LPC constitution to account for new membership allocations for contractors.	AP/HP

8. NEIGHBOURHOOD WORKING UPDATE

AP highlighted that the "fit for the future" framework from NHS E (update to the 10-year plan) and the "Neighbourhood" framework have both been published.
AP stated that these two documents let the LPC know who and what they should influence over the next three years.

AP highlighted details from a set of PP presentation slides.

The meeting broke for lunch.

9. CPE UPDATE – CP CONTRACT

The members discussed their thoughts and feelings about the new CPCF contract negotiated by CPE.

Action	Description	Who to action
16	To share AP's paper which had calculated the true cost of a CP IP service to CP SWL contractors.	AP

Action	Description	Who to action
17	To ask Janet Morrison and James Wood (CPE) should be asked what the CPE committee's plan had been – if the committee were to have voted "no" to accepting the contract.	AP

Action	Description	Who to action
18	To ask Janet Morrison and James Wood (CPE) for the Pharmacy reform aims, timelines, KPIs and "red lines".	AP

10. AOB

CROYDON CORE MAT OFFER (substance misuse service)

Action	Description	Who to action
19	To raise the issue of the CROYDON CORE MAT OFFER (substance misuse service) with CPE.	AP

GPS AND PROSCRIPT ISSUES

AP stated that he has been told of instances of GPs telling patients (via text messages) that they no longer work with certain pharmacies because they have moved from ProScript to another provider (causing the GPs meds manager to not work).
AP stated that this is patient direction.
AP stated that he was keen to form a CP London subgroup – that could help tackle these practical issues.

Action	Description	Who to action
20	To add the question, of whether contractors are seeing GPs refusing to work with them because they want to over from ProScript.- to the newsletter.	AP/DTR

MP drew 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
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
IHO	Integrated Health Organisation
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	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
POD	Pharmacy Optometry and Dental
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