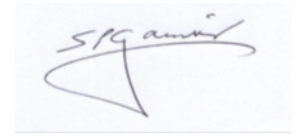


**Camden & Islington LPC Meeting
Wednesday 13 May 2015
09:00 – 17:00**



**Ibis Hotel
3 Cardington Street
Euston
London NW1 2LW**

14.7.15

Minutes

Attendees:

Sanjay Ganvir (SG)
Chirag Nakum (CN)
Bipin Turnbolls (BPT)
Bipin Patel Clockwork (BPC)
Kim Khaki (KK) – arrived at 9.25am
Jayesh Patel (JP) – arrived at 9.35am
Elena Alexandrou (EA)
Udit Patel (UP)
Beneeta Shah (BS) – Arrived at 1pm and left at 4pm
Sanjay Patel Aqua (SPA)

Apologies:

Hinal Shah (HS)
Sanjay Patel Boots (SPB)
Wojtek 'Mike' Bereza (WB)

In Attendance:

Yogendra Parmar (YP)
Sarita Dattani (SD)
Charlotte Ashton (CA) – arrived at 9.30am, left at 11.00am

	ITEM	PURPOSE	PRESENTED BY	ENC	TIME	Open / Closed
1.	<p>Welcomes/Introductions</p> <p>SG to welcome new LPC members</p> <p>Apologies and Declarations/Conflict of Interest</p> <ul style="list-style-type: none"> • Please complete new confidentiality and Declaration of interest forms 	Note	SG	Attendance Spreadsheet	09:00–09:05	

	ITEM	PURPOSE	PRESENTED BY	ENC	TIME	Open / Closed
	SG confirmed that Neil Patel had stepped down from the committee and introduced the new LPC members EA and UP to the committee					
2.	Proposed EHC consultation <ul style="list-style-type: none"> Views of other W & WC post code contractors 	Discussion	YP/SG		09:05–09:30	Closed
<p>YP summarised the context of the proposed EHC consultation for the committee.</p> <p>The new Camden PNA highlighted gaps in EHC provision. As part of the Camden procurement process commissioners were hoping to increase the number of EHC commissioned Pharmacies generally and to fill the gaps identified in the PNA.</p> <p>PH analysed EHC activity in Camden and found that approximately 70% of the 2500 EHC consultations in Camden were conducted in the Tottenham Court Road area. The vast majority of these consultations were for women from outside of the area. The £50k budget for EHC has not been cut, however the commissioner is concerned that the proposed increase in the no of commissioned Pharmacies, particularly in the Tottenham Court Rd area will result in an EHC overspend. To mitigate this PH imposed a stipulation that Pharmacies with W and WC postcodes could only supply EHC to residents of Camden or Islington. This stipulation was imposed at very short notice with little or no consultation just before the procurement process was opened in January 2015.</p> <p>The LPC highlighted its opposition to this restriction and garnered support to challenge it from Camden Healthwatch and Cllr Pat Callaghan (Chair, Camden Health and Wellbeing board). As a result commissioners have paused the EHC recommissioning process to consult with stakeholders on the best way forward. Commissioners have tabled an options paper for the LPC to consider.</p> <p>There are 4 options available for the LPC to consider and comment on:</p> <ol style="list-style-type: none"> 1) EHC supply to only Camden & Islington residents from Pharmacies with W and WC postcodes (ie Tottenham Ct Rd area). All other commissioned Pharmacies can provide the EHC to women from anywhere. BPT asked if the expansion in Pharmacy provision would compensate for the projected 70% reduction in spend on activity. YP stated that no-one knows what the activity levels will be after introducing this restriction, however he felt that the increase in activity from increasing the number of commissioned Pharmacies was unlikely to cover the 70% projected reduction in activity spend. YP stated that this restriction only applies to pharmacies with W & WC Postcodes. There are 15 potentially affected pharmacies, 5 of these pharmacies are currently commissioned for EHC, 2 of which are Boots stores. SG – Pro's & con's – Con's – the service will take a hit, esp. the Boots stores, Pro's – the other 10 contractors which have not been able to provide the service will now be able to provide the service. 2) Allow EHC supply to any eligible women regardless of where they live. The number of Pharmacies commissioned will be increased, however within the W & WC postcode area, the same number of pharmacies will be commissioned, not necessarily the same as currently commissioned. 3) Reduce remuneration for EHC consultations to allow <u>any</u> commissioned Pharmacy to supply EHC to women regardless of where they live, whilst staying within the £50k budget <p>BPC stated that most of the 15 Pharmacies with W & WC post codes</p> <p>YP stated he had spoken to SPB yesterday. SPB's first preference would be unrestricted and open to all contractors at the current rates of remuneration, with activity closely monitored to ensure spend stays within budget (Option 4). His second preference was for option 3. As this would allow an expansion in the no of commissioned Pharmacies. This would mean a reduction in remuneration for the existing commissioned Pharmacies, but would be additional income for the newly commissioned Pharmacies</p> <p>BPT voiced concerns that the Pharmacy EHC service could be decommissioned in favour of a cheaper delivery model that used practice nurses for instance. YP stated that the EHC remuneration in our boroughs was either on par with or better than other boroughs.</p> <p>SG echoed this concern stated that the committee should be very careful how we pitch are thoughts to PH.</p> <p>The discussion broke to accommodate CA's session and resumed after she left at 11am</p>						

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	<p>SG led a discussion on the options proposed by weighing up the pros and cons of each and asked the committee's view on each of the options in turn:</p> <p>Option 3: No members present at the meeting supported option 3, however, SPB had expressed support for this option as his second preference.</p> <p>Vote for option 4: the committee unanimously agree NOT to support this option</p> <p>Vote on Option 1: The committee unanimously agreed to support this option.</p> <p>Option 2: the committee unanimously agree NOT to support this option</p> <p>YP explained that the Chair of HealthWatch Camden Connie Smith had a special interest in EHC as was instrumental in setting up the service years ago.</p> <p>YP felt strongly that HealthWatch would not support option 1 and expressed concern that the committee was now proposing to accept a proposal that it had previously actively objected to and was worried about how this would look to both the commissioners and HealthWatch.</p> <p>YP summarised the options again – Option 1 would decrease activity by approximately 70%, Option 2 will potentially increase EHC activity.</p> <p>SG stated that some contractors had an objection, like the Boots contractors, and we put the options forward. We now have to move on. If Boots want to take legal advice, they can, but as an LPC we have to agree the best option for all contractors.</p> <p>JP stated that the committee must take Boots' views into consideration.</p> <p>SG reiterated that we voted against option 3 and 4 so we have to move on unless someone has another option.</p> <p>YP restated this this is our opportunity to float our opinions and exert influence, especially on option 3/4. We are almost obligated to put this forward option 4 forward, even if we know it will be rejected. We are being too hasty and have only been asked to give our thoughts on the proposed consultation and not make any decisions on the options.</p> <p>YP also mentioned that HealthWatch were more concerned with broadening access to the service and so were likely to favour options 2 or 3 and would be reluctant to support an option that HealthWatch would not support.</p> <p>A discussion ensued to find a way forward.</p> <p>Action: YP to speak with all the non-EHC commissioned pharmacies in the Tottenham Court Road area, that are eligible to provide the service, to check their willingness to provide the service and email the committee with his findings so a more informed decision can be made.</p>					
3.	<p>EHC Update</p> <ul style="list-style-type: none"> Proposed stakeholder consultation 	Discussion/ Approval	Charlotte Ashton – C&I Public Health Consultant		09:30–09:45	Open
	<p>SG welcomed CA to the meeting and invited the committee to introduce themselves</p> <p>CA explained that PH had agreed with HealthWatch and the LPC to halt the Camden EHC reprourement whilst consulting on the right model to adopt going forward. To maintain continuity of service PH had issued an extension to the 2014/15 EHC SLA until September 2015. In Islington the EHC reprourement was progressing as planned. The options paper tabled has come to the LPC for comment by 20 May 2015. PH will take advice from their procurement team following the outcome of the proposed consultation, as to whether they are required to invite new expressions of interest.</p> <p>YP welcomed the opportunity to comment on the proposed consultation and stated that he would like to discuss another option for consideration. He stated that he did not feel that opening up the service to new providers would in the Tottenham</p>					

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	<p>Court Road area would lead to a massive spike in activity and spend.</p> <p>SG stated that we understand that budgets are tight and we need to weigh up all the options.</p> <p>CA – Better to have a discussion directly with the lead commissioners Jason Strelitz & Jennifer Reiter at PH to discuss other options further.</p> <p>CA stated that the advice that they have had is that EHC is a contraceptive service not a Sexual Health Service. As such the LA is entitled to commission EHC only for its residents. SG stated that he committee are mindful of this advice.</p> <p>SG – we understand this and that you can decommission us too.</p> <p>CA and YP acknowledged that the Camden EHC activity data was skewed in the Tottenham Court Road, with lots of EHC consultations to out of area women. I will get Jennifer to contact the LPC regarding this.</p> <p>SG – in a scenario where the W & WC pharmacies had the restriction, there would be a substantial saving due to the reduction in activity. This will result in a large underspend on the service.</p> <p>CA assured the committee that this was not a cost cutting exercise, but an attempt to shift spend to areas where there are commissioning gaps within the borough and to focus spend on the LA's residents.</p> <p>YP asked if the restrictions would be removed, if there was an underspend on the service 12 months hence.</p> <p>CA confirmed they would need to review this and other the local needs at the time.</p> <p>SG – Would this be reviewed in 12 months?</p> <p>CA confirmed the contract was due to run for 2-years in order to give contractors stability, however activity is to be reviewed regularly.</p> <p>SG stated that the committee were not supportive of option 3 as the committee felt it did not support high quality service delivery.</p> <p>BPT expressed a concern that women who can no longer access the service may challenge the commissioning decision. This would make very bad press.</p> <p>CA confirmed that the advice they had had was that this is not the only route to access EHC; therefore signposting to other local providers was acceptable.</p> <p>Next-step – YP to discuss the options paper directly with Jason Strelitz & Jennifer Reiter and submit comments by 20th May.</p>					
4.	Camden Health-check Proposal	Discussion/ Approval	Charlotte Ashton – C&I Public Health Consultant		09:45–10:00	Open
	<p><u>Current Healthcheck providers</u></p> <p>CA summarised the LAs position, 8 commissioned Pharmacies in Camden currently. Healthcheck activity in these pharmacies is very low. Camden LA are reviewing the Pharmacy Healthcheck commissioning in Camden. However, the LA is keen to increase activity by working with Pharmacies and amending the service specification. These Pharmacies will continue to be commissioned for a further 12 months after which time the LA will review activity with a view to determining the future of the service. CA stated they were convening a health-check steering group and confirmed that the LPC would have a place on the steering group. CA confirmed that the papers tabled outlined the proposed minor changes to the service spec, which reflect national changes to the Healthcheck specification, the change in NICE guidance on qrisk scores >10% and formalising referral pathways. Training will now be delivered via web modules to allow easy access. Appropriately trained Pharmacy staff can now deliver Healthchecks.</p>					

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	<p>The committee welcomed the proposed changes.</p> <p>CA confirmed that GPs, Pharmacies, Solutions4Health and 2Health were commissioned to deliver Healthchecks. LA are about to go to the market to reprocure community healthchecks and mini healthchecks, smoking services and all their other lifestyle services in order to provide a single point of access</p> <p>Action: CA to send targets for Health –checks in Camden & Islington to the LPC.</p> <p>JP asked if there is still a restriction on Camden & Islington residents?</p> <p>CA confirmed that there currently still is a restriction yes, however, the LA is looking to commission this service across both boroughs in the future, which will remove this restriction. There are several logistical barriers to achieving this ambition which will take time to overcome</p> <p><u>Proposed Joint working with 2Health</u></p> <p>CA gave the committee a précis of the paper tabled on the joint working arrangement with 2Health.</p> <ul style="list-style-type: none"> • Looking for an additional 7-10 Pharmacies to partner with 2Health • Pharmacy Health-checks to be marketed by 2health • Outreach work will drive footfall to the Partnered Pharmacies • Remuneration £28/healthcheck • LDX will be loaned to pharmacies– <ul style="list-style-type: none"> ○ Consumables/Scales/BP machine will not be provided • 2Health will provide the HealthCheck web platform and online/telephone HealthCheck bookings <p>CA is looking for the committee to support this proposal</p> <p>YP commended the proposal. Given that 2Health are contracted to deliver 670 healthchecks by next March and so it is in 2Health's interest to make this work.</p> <p>CA confirmed that if this partnership is successful the LA will consider migrating the other directly commissioned HealthCheck Pharmacies over to the same arrangement.</p> <p><u>Procurement:</u></p> <p>CA gave the committee a status update on the procurement process</p> <p><u>Camden</u></p> <ul style="list-style-type: none"> • Expressions of interest were invited as agreed. • The submission deadline was extended to accommodate the submission inbox being full • Letters have been sent to all successful and unsuccessful applicants. • The new Contracts will go out in due course <p><u>Islington</u></p> <ul style="list-style-type: none"> • Islington CCG issued a waiver to allow them to not follow the procurement process used in Camden. • All the contracts have gone out to contractors <p>BPT expressed concern that contractors were only given 2 weeks to return the new NHS standard contract, which is very unwieldy, not really fit for purpose and very different to previous contracts. BPT asked for more time to turn the contracts around in the future.</p> <p><u>Payments:</u></p> <p>CA stated that from their perspective everything is on track. However, they are reliant on individuals highlighting issues so that they can be addressed swiftly. She urged any contractors affected to contact the team as they have put processes in place to avoid payments issues.</p>					

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<p>JP stated that there still issues with Needle Exchange and Supervised consumption payments. CA confirmed that these issues have now been addressed.</p> <p>SG commended CA and her team for working with us to resolve these issues as they arise.</p> <p>CA left the meeting at 11am?</p> <p>SG proposed a vote for the SLA for LCS service and proposed service in Camden – the committee <u>unanimously</u> voted to support the proposed changes</p> <p>SG proposed a vote for the joint working agreement with 2Health – the committee <u>unanimously</u> voted to support this</p> <p>Action: YP to write to Charlotte to confirm LPC support for the health-check pilot and the proposed changes to the service spec.</p> <p><u>Healthchecks Steering Group Attendance</u></p> <p>SG suggested that YP should be on the healthcheck steering group along with a contractor who is successfully delivering numbers, as they can give an insight into the service.</p> <p>The committee <u>unanimously</u> agreed that YP and a HealthCheck contractor (with backfill funding) should attend HealthCheck steering groups.</p> <p>BPC asked if anyone had not contacted any of the pharmacies that 2Health have partnered with in other areas to confirm 2Healths claims. YP confirmed that he had contacted any such Pharmacies but would do in due course.</p> <p>Action: YP to contact Pharmacies that 2Health have partnered with in other areas</p> <p>SG expressed the need to support contractors to deliver healthchecks otherwise we risk being decommissioned. We have money in the bank to support the contractors.</p> <p>SG proposed that the contractor support sub-com develop a support program for contractors to deliver HealthChecks</p> <p>BPC suggested that the proposal is lucrative enough – does the LPC really need to provide further support?</p> <p>SG disagreed and reiterated that the service will be decommissioned if we don't perform.</p> <p>SG proposed that the committee agree to provide additional support for Camden Healthcheck Pharmacies.</p> <p>The committee <u>unanimously</u> supported this proposal.</p>						
5.	Minutes of previous meeting Matters arising (Action Log)	Approval Discussion	SG	March meeting minutes Action Log	10:00–10:15	Open
<p>The committee reviewed the minutes of the last meeting and agreed they were an accurate record.</p>						
6.	Election of Treasurer	Election	SG		10:15-10:30	Open
<p>SG stated constitutionally the LPC must elect a new Treasurer, as Neil Patel had resigned from the committee. BPT has submitted a valid nomination for the position and is standing unopposed for the position.</p> <p>As such, BPT was duly elected as the new LPC Treasurer. The committee congratulated BPT on his new role.</p>						

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7.	LPC Governance Statement Review	Information	YP	Governance Statement and Guidance	10:30–10:40	Open
<p>YP gave the committee a brief overview of the LPCs governance procedures, an outline of the sub-committees. He referred members to the papers tabled and to the governance folder in sugar-sync for more information.</p> <p>YP and SG emphasised that the committees work must be transparent and represent the interests of all constituent contractors.</p> <p>SG outlined the roles of the LPCs sub-committees as outlined in the LPC Governance document</p> <ul style="list-style-type: none"> • Finance: to maintain/scrutinise the accounts and develop budgets. • Communication: how we communicate with contractors and other stakeholders • Stake-holders: contractor/stakeholder engagement • Contractor support: how we support contractors to maximise their income, etc. • Governance: PNA, Market entry and to enforce governance. Integrity of members and transparency. The LPC chair should Chair this sub-committee. <p>YP summarised the LPC expense policy/process for the committee.</p> <p>BPC – it's a responsibility for us to carry out some work for the LPC without charging the LPC.</p> <p>SG stated we all have day jobs and it's a challenge to do more work on top of that. If the LPC agrees that the individual is to take up some work, then the amount should be agreed and the member should be paid.</p> <p>YP confirmed that no-one can put in any claims for additional work without prior agreement from the CEO/Chair</p> <p>SG summarised the roles of the Chair, Vice Chair, Treasurer</p> <p>YP invited the new members to fill the gaps on the Stakeholder or Contractor Support Sub-committees</p>						
8.	CEO Report	Discussion	YP	CEO report	10:40-11:00	
<p>YP gave the committee a summary of his report (See CEO report)</p> <p>SG & YP mentioned that YP had been invited to attend the C&D awards. SG asked the committee whether YP could attend the C&D Awards on behalf of the LPC.</p> <p>The committee agreed to pay for YP to attend the C&D awards (5 for, 3 against, 1 abstention)</p> <p>Action: YP to attend the C&D Awards</p>						
9.	Coffee Break		All		11:00-11:15	
10.	LPC Business plan	Discussion	YP	LPC Business plan 14-15	11:15-11:25	

	ITEM	PURPOSE	PRESENTED BY	ENC	TIME	Open / Closed
	YP presented the LPC business plan to the committee, Paper 10.0 of the tabled papers.					
11.	CEO KPI update		YP	LPC Business plan 14-15 c KPIs	11:25-11:40	
	<p>YP gave an interim progress report on the CEO KPIs and LPC business plan. SG stated that the progress on the KPIs will be assessed again at the September '15 meeting as the KPI's go from September to September. (Paper 11.0 of tabled papers).</p> <p>YP explained that some KPIs were/will not delivered on time due to delays from members not responding in a timely manner or changes outside of his control. The committee agreed to take this into consideration when assessing performance on the KPIs</p>					
12.	Formation of a Community Pharmacy Federation		SG/BPC		11:40-11:50	
	<p>SG gave the committee the commissioning context for federating/forming a provider company.</p> <ul style="list-style-type: none"> Where contractors come together and form a limited company and tender for services. LPCs can't bid in this manner. Do we want to facilitating a conversation with our contractors to gauge if they want to form a federation like many other boroughs in London e.g. Bexley, Bromley & Greenwich, City & Hackney, Pharmacy London, Tower Hamlets. <p>BPC mentioned that 30 Newham contractors had funded the set up of a federation; it was not opened to all contractors. This was instigated at the behest of one of the commissioners. This commissioner was frustrated with the lack of progress the discussions with NEL LPC Secretary. BPC confirmed that the Newham federation would be happy to share their experiences of setting up their federation.</p> <p>SG suggests arranging a meeting with the leads of the various provider companies to share respective learns and arrange a contractor event on forming a provider co. in parallel.</p> <p>BS stated that we should have contractor events based on what they want and not lead them on what we think is important. Set up contractor events and invite people from the federations that have been set up in other boroughs to talk to our contractors. We should do what is best for our contractors and not be blinkered by what other LPC's are doing.</p> <p>BPC suggested making this a big theme for our LPC AGM in September, we should have a session on setting up federation and present it to our contractors.</p> <p>Action: This will be a big theme at the next AGM in September.</p> <p>Action: YP to have a meeting with Raj Matharu & Hitesh Patel to discuss forming a federation</p>					
13.	GP Surgery Closures		YP		11:50-12:00	
	<p>The CEO gave the committee a summary of the likely GP Surgery closures</p> <ul style="list-style-type: none"> Islington <ul style="list-style-type: none"> Mitchison Road Surgery is likely to close in July, however NHSE are trying to come to an arrangement with the landlord and so may stay open with new GPs parachuted in. This is likely too little too late as most patients have already left the surgery Holloway Road Surgery and Dr Flinders/Dr Hafiz are likely to close shortly also Camden 					

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	<ul style="list-style-type: none"> ○ 1 small Surgery has already closed ○ According to London-wide LMC 3 more surgeries are likely to close shortly. I am endeavouring to get more detail 					
14.	EPSR2 Issues/Concerns	Discussion	YP/BPT		12:00-12:10	
<p>BPT expressed concern that many GPs were unfamiliar with issuing EPSR2 prescriptions and had lots of unresolved smartcard issues. This results in the erratic processing of EPS prescriptions.</p> <p>The committee discussed potential options to address these issues</p> <p>Action: YP to lobby HSCIC/CSU to host a joint GP/pharmacy meeting in Camden & Islington and ask HSCIC/CSU to draft an action plan to address any issues raised.</p>						
15.	Islington Repeat Rx Management Guidance for CPs	Discussion/ Feedback	YP		12:10-12:20	
<p>YP led a discussion on the tabled guidance from Islington CCG (ICCG). The committee felt that the guidance seemed one sided and did not acknowledge issues that arose from GP surgeries.</p> <p>BPC stated that there are several GP surgeries that struggled to issues repeat Rx's within seven days. CPs have to resolve the associated consequences for patients.</p> <p>Action: YP to ask for examples of repeat Rx Management issues with associated evidence. LPC will intervene to help resolve any such examples. YP to inform ICCG that the committee cannot endorse the guidance produced as it does not acknowledge the issues that regularly arise from General Practice processing prescriptions requests.</p>						
16.	Finance Update <ul style="list-style-type: none"> • 2014-15 Management accounts <ul style="list-style-type: none"> ○ Accountants Request • Draft 2015-16 Budget • For information - all Member Expense claims in LPC cloud 	Discussion/ Approval	CEO	14-15 Management Account Spreadsheet Draft 15-16 Budget All members expenses claims for 14-15	12:20-12:40	
<p>LPC Accounts</p> <p>YP confirmed that he now had the missing paperwork from SPB and so was in a position to complete the LPC management accounts. He stated that he had come across a few anomalies, i.e. that BPC not been making any claims and some individual's claims did not appear to comply with the committee's expenses policy. He had passed these anomalies to the governance sub-committee to audit.</p> <p>YP stated that he would pass the completed accounts to the accountant in June and that the committee was constitutionally obliged to approve the audited accounts before the end of August.</p> <p>LPC Draft Budget</p> <p>YP presented the draft budget he had prepared. He stated that the LPC receives approximately £120,000 in PPD income annually. Based on projected expenditure, most of which was now capped, of £113,000. We will accrue £7,000. The tabled draft budget shows a forecast balance for April 2016 of £170,000. YP reiterated the PSNC guidance on LPC reserves and</p>						

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<p>the need for the committee to review its reserves and document any such review.</p> <p>SG stated that we now have money in the bank. We need to make sure we are utilising this money wisely for the benefit of our contractors.</p> <p>JP mentioned that we may need to consider reducing our levies for next year</p> <p>The committee discussed how to invest this budgetary surplus going forward and agreed to discuss the issue at a later date when there was more time.</p>						
17.	LPC Annual Report/AGM <ul style="list-style-type: none"> AGM scheduled on 29 September Accounts need to be approved between July and Sept Meeting 		YP		12:40-12:45	
<p>YP explained that the committee had agreed to hold its AGM on 29 September 2015. Constitutionally the committee must to give 30 days notice of its AGM along with its Annual Report/Accounts, ie by the end of August.</p> <p>Action: YP will organise the venue and the speakers for the AGM.</p>						
18.	Upcoming Meetings <ul style="list-style-type: none"> LPC Chairs & CEOs Meeting – 9 June 2015 NHS QA & RPS Specials Guidance Meeting 9 June LPC Conference September 2015 	Discussion	All		12:45-12:50	
<p>The LPC committee agreed on the following:</p> <ul style="list-style-type: none"> LPC Conference September 2015 – Not valuable to attend LPC Chairs meeting – YP & SG to attend NHS QA & RPS Meeting – pass comments to the City & Hackney LPC representative that is to attend PSNC Financial meeting – Not valuable to attend PSNC LPC members' day in Nov 15 – The committee agreed to consider sending new members to this seminar closer to the time. 						
19.	Enhanced Apprenticeship Scheme Update <ul style="list-style-type: none"> Shortlisted for C&D Award 	Discussion	YP		12:50-12:55	
<p>YP gave the committee the following update.</p> <ul style="list-style-type: none"> This project has been short-listed for a C&D award 9 Apprentices recruited so far 						
20.	Ageing Better Bid Update <ul style="list-style-type: none"> EOI window open 	Discussion	YP		12:55-13:00	
<p>YP gave the following summary</p> <ul style="list-style-type: none"> The committee has agreed the service specification Camden Contractors have been invited to apply to provide the service <ul style="list-style-type: none"> Closing date for applications is 22 June 2015 Training events to be held in mid September 2015 Service to launch in October 2015 						
21.	Lunch		All		13:00-14:00	

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22.	Islington Out of Pocket Expenses Claim Audit	Discussion	YP		14:00-14:05	
YP reported that there had been a significant reduction in these claims, mainly as a result of the LPCs intervention.						
23.	Service Updates <ul style="list-style-type: none"> • NHSE/111 PURM Service Update • Vaccination Service Evaluation • Ambulatory BP monitoring • Anticoagulation 	Discussion	YP		14:05-14:15	
YP gave the committee an update on the following: <u>PURM</u> <ul style="list-style-type: none"> • This London-wide service went live on 1 December and due to end on 30 May • Mainstream funding for this service has been secured by 111 from April 2016 • Interim funding from June 15 to the end of March 16 has just been secured • The service is to be completely revised to make it more Pharmacy friendly • The service is still open to new contractors to sign up to provide the service <u>Vaccination Service evaluation</u> BS summarised the evaluation for the committee. The evaluation discounts the contribution of the pharmacy vaccination service. Rekha Shah has draft a robust response to this. These findings will not have an impact on commissioning this year. The vaccination lead is still keen to provide other vaccinations together with this the flu vaccination service. <u>Ambulatory BP monitoring & Anticoagulation</u> Islington CCG are looking to commission GP surgeries to deliver both these services. The committee agreed that YP should pursue both these services.						
24.	CEO Pay and Conditions	Discussion/ Approval	SG		14:15-14:30	
YP left the room for the duration of this discussion. SG gave the committee the context for the agenda item and stated that his action from the last meeting was to seek advice from accountants and lawyers. He explained that Irenicon, PSNC's recommended HR lawyers, had could draft a standard terms of association between the committee and YP which would mitigate the risk to the committee. He summarised the comparative risks as outlined by the lawyers and accountants. <u>Risks of engaging as an associate</u> <ul style="list-style-type: none"> • Risk of HMRC classing the associate as an employee, with the associated tax and penalty liabilities <ul style="list-style-type: none"> ○ Lawyers state we can mitigate this by seeking HMRC approval for the terms of association • Good contractor paperwork in place would have a good likely upside and very modest risk of a small downside <ul style="list-style-type: none"> ○ Going for employment presents a slightly lower risk, but definitely more expensive ○ SG sought advice from an accountant - Accountant is content with the CEO being self-employed with the terms of association in place, as YP meets criteria for being self-employed (SG summarised for the LPC the criteria that HMRC use to assess if someone is self-employed and confirmed that the accountant 						

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<p>believes YP meets these criteria)</p> <p>Employment risks</p> <ul style="list-style-type: none"> • Extra NI costs bring total package to £56k/pa • Extra accountancy, payroll, holiday, employment rights, sick pay costs • Explicit employment costs which will become significant after 2 years of employment <p>SG explains that Irenicon have quoted £1320 to draft the terms of association and seeks the committees authority to instruct Irenicon to proceed with the terms of association. A discussion ensued weighing up the pros and cons of the proposed approach.</p> <p>The committee <u>unanimously</u> (10 for, 0 against, 0 abstentions) agreed to instruct Irenicon to draft the terms of association.</p> <p>SG explained that there is possibly another half days work, which he would find challenging to fit in, can we agree on how the committee wants me to do this? I will keep the LPC informed on whether its taking too long, hence I will be putting in a claim for the work carried out</p> <p>BS commented that from her experiences in dealing with Irenicon she thought the work would take no more than 2 hours and feels that SG should keep the LPC informed if it is likely to take more than 2 hours.</p> <p>The committee agrees to fund SG for 2 hours and will review this decision if SG states it is likely to take more time to complete the task.</p> <p>BS left the meeting</p>						
25.	Sub group Breakouts <ul style="list-style-type: none"> • Comms – Update LPC Website, Brainstorm Comm strategy • Governance –Review the PSNC LPC Self-Evaluation and governance compliance • Contractor Support/Stakeholder – Plan contractor events/Pharmacy Forums • Finance – Admin, Update management Accounts, Summarise Members expense claims 	Group work	All		14:30-15:00	
26.	Coffee Break		All		15:00-15:15	
27.	Sub group Breakouts - continued	Group work	All		15:15-16:00	
<p>YP delegated the following tasks to the sub-committees</p> <ul style="list-style-type: none"> • Governance - to review the LPC RAG rating, the management accounts and scrutinise the anomalies he had 						

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	<ul style="list-style-type: none"> highlighted Communications & Contractors support to merge and draft a program of support for the current healthcheck providers Finance sub com – to administer the payments, YP to update the 2015/16 management accounts and scan the paperwork 					
28.	Breakout Session feedback	Group work	All		16:00-16:35	
<p>JP stated that the governance sub-committee had reviewed the management accounts and the highlighted anomalies. The governance sub-committee mentioned the detail of some of the anomalies.</p> <p>YP and BPC suggested continuing the review at the next meeting when when the members concerned will be present.</p> <p>SG insists that the governance sub-committee needs clear authority from the whole committee for the follow up actions on the specifics of each anomaly.</p> <p>BPC expresses concern about the delicate nature of these issues and the suggested approach</p> <p>YP reminds the committee that the governance document states that the governance sub-committee has the authority to review and investigate potential governance issues where appropriate, therefore, the sub-committee already has authority to follow up on the anomalies</p> <p>YP suggests that the governance sub-committee seeks clarification from the individuals concerned and feedback at the next meeting. It may be that this can put it to bed before the next meeting, if not then bring it to the next meeting.</p> <p>BPC reiterates that this needs to be approached sensitively, these may be misunderstandings which can be cleared easily.</p> <p>YP states that he's sure these were misunderstandings and not intentional.</p> <p>SG confirms that the Governance sub-committee will phone these individuals to seek clarification on the claims submitted and report back.</p> <p>Action: Governance sub-committee will seek clarification on the claims anomalies from the individuals concerned and report back</p>						
29.	LPC Minute taker		All		16:35-16:45	
<p>YP explained that this is Sarita's last meeting; therefore, I would like to engage on a minute taker from the next meeting to ensure continuity of the minutes. The rate is £350 for producing the minutes for a full day meeting and turning them around within a week.</p> <p>The committee agreed to engage the minute taker Stuart Brown by majority (5 for, 0 against, 4 abstentions)</p> <p>Action: YP to speak to engage Stuart Brown to take minutes for next meeting</p>						
30.	Market Entry	Information	YP		16:45-16:50	
<p></p>						
31.	A.O.B & Close <ul style="list-style-type: none"> Good luck Sarita! 	Discussion	All		16:50-17:00	-

	ITEM	PURPOSE	PRESENTED BY	ENC	TIME	Open / Closed
Dressings Central Procurement BPT expressed concern about the impact of the loss of these dressings Rx's may have on our low volume contractors. BS asked why we are revisiting this issue after the committee have previously agreed not to take it further. SG asked YP to be very robust at Medicines Management meeting and then take a steer from there.						

Meeting dates for 2015:

14 th July 2015	09.00-17.00	tbc
29 th September 2015 AGM	11.00-17.30, 19.00-21.30	Ambassadors Hotel
8 th November 2015	09.00-17.00	tbc