

**MINUTES:** OPEN

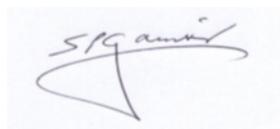
**DATE:** 10th November 2015

**TIME:** 09.00 to 17.30

**WHERE:** Ibis Hotel, 3 Cardington Street, Euston, London NW1 2LW

**ATTENDANCE**

Member Name	Initials	Attendance P= Present, A= Absent, Aa= Apologies sent.
Sanjay Ganvir (Chair)	SG	P
Bipin Patel Turnbills	BPT	Aa
Bipin Patel Clockwork	BPC	P (from 11.45)
Elena Alexandrou	EA	P
Udit Patel	UP	Aa
Wojtek 'Mike' Bereza	WB	Aa
Sanjay Patel Aqua	SPA	Aa
Hinal Shah	HS	P
Kim Khaki	KK	P
Jayesh Patel	JP	Aa
Beneeta Shah	BS	P
Hitesh Tailor	HT	P
Ayesha Aleem	AA	Aa
<b>In Attendance</b>		
Yogendra Parmar (CEO)	YP	P
Stuart Brown (Minutes)	SB	P
David Tamby Rajah	DTR	P (9-10.30am)



3.2.16

**1. WELCOME BY CHAIR & APOLOGIES**

SG welcomed everyone to the meeting, apologies were noted (as above).

There were comments from BS & BPC that they had some confusion over the meeting date with some members thinking that this meeting was to be on 11<sup>th</sup> November 2015.

**2. NHS E UPDATE (DTR)****MRD:****Camden:**

DTR stated that he had sent the specifications to YP, will wait for comments back before rolling this service out. DTR stated that Webstar have been asked to match the work that has been done in Islington wrt. this service. DTR confirmed that Venalink funding for this service will continue for the rest of this financial year.

DTR asked YP whether he knew of any gaps (highlighted by the PNA) wrt. this service.

DTR stated that wrt. back payments for contractors who had carried on with this service – Finance are checking on the budgets (there is currently an underspend due to MURs), and WEBSTAR are proposing to charge NHSE to process back payments to April 2015 (amount to be confirmed).

YP stated that he would help DTR process these back payments, by collating claims for DTR (if the committee would be happy with this).

SG reminded the meeting that Camden CCG acted inappropriately when they closed down entry to new patients to this service two years ago. SG thanked DTR for his work on this. SG reflected that the LPC had a decision to make to either pursue back payments for all such new patients that were inappropriately blocked from the MDS scheme from when the service entry was blocked (2 years ago) or all such patients for this financial year. Following discussions it was agreed though desirable to pursue the 2 year option it was felt it would be unsuccessful, so it was agreed to look for NHSE to backdate payments to April 15. This was feedback to DTR. The members present agreed to this proposition. (The LPC was quorate).

SG asked DTR when the committee could tell the Camden contractors that their backdated money would arrive.

DTR stated that, depending on finances, and on PNA data, this service could be offered to more Pharmacies from April 2016.

The proposed new MRD SLA was reviewed. The committee stated that they had no issues with the new SLA for this service.

One issue was the payment for MDS trays. SG stated that buying a MDS trays from Venalink or a similar company, would cost contractors when delivering this service.

DTR stated that MDS costings examples from other services across London are currently being looked at.

YP stated that he would be happy to work with DTR on this.

Action no.	Description	Who to action
1	<b>To work with DTR on Camden MRD service issues:</b> <ul style="list-style-type: none"> <li>- <b>Compiling data for backdated payments</b></li> <li>- <b>Looking at MDS costings (Venalink?)</b></li> </ul>	YP

**Islington:**

YP stated that a new Webstar module had been launched in April 2015, however the transition had not gone well (some contractors had not processed payments through the new module (ie continued to use the old submission method) and therefore currently have payment issues).

BS suggested that Webstar could be asked to produce a user report – which would tell the LPC how many contractors are logged into the MRD service.

DTR admitted that it was not currently in the SLA that contractors must use Webstar to record the service in order to get paid.

YP added that there is therefore also a backdated payment issue here as well, as some contractors have been submitting figures and claims in the old manner (as specified by the SLA) – and they have not been signposted to Webstar. YP suggested that payments should also be backdated to April 2015 for some Islington contractors (same as Camden).

DTR stated that he would get a list of contractors using Webstar for this service. DTR added that he would get finance to look into this.

Action no.	Description	Who to action
2	<b>To work on Islington MRD service issues:</b> <ul style="list-style-type: none"> <li>- <b>Getting a list of Islington contractors providing the service – who are submitting data/claims to Webstar</b></li> <li>- <b>Asking Finance to look at possibility of making funds available for backdated payments to April 2015.</b></li> </ul>	DTR

DTR stated that there would be a soft launch event for this service in first week of December 2015 (a hard launch would take place in January 2016) – DTR added that Webstar would attend the launch. SG stated that the committee would support DTR with this launch event (communications to contractors affected).

#### Payments:

YP asked whether there were specific current borough leads at NHS E at present.

DTR said no – however queries should be sent to the “admin” email address for processing.

DTR stated that the payment reference numbers had changed in April 2015:

1 = Minor Ailments

15 = Vaccination service

Action no.	Description	Who to action
3	<b>To add service payment reference numbers to NHS E FAQ doc.</b>	DTR

#### CPAF:

DTR stated that as of last week, NHS E had received 94% returns from London. DTR added that the scoring system will now be determined. DTR stated that those contractors who do not return the questionnaire by the deadline may be given the old, more involved CPAF excel spreadsheet to fill out.

SG asked who would determine the scoring in London.

DTR answered that the scoring would be carried out centrally (from Victoria) – which would then be fed back to the area teams.

YP reported that the list of non-responders, sent by NHS E to C&I LPC was inaccurate, both in terms of addresses and content (contractors who had completed the questionnaire had been listed as non-responders) YP added that some contractors had not received their confirmation emails (sent to contractors to tell them that they had successfully carried out the questionnaire), despite carrying out the procedure (SG suspected that this may be because some contractors are printing the document but not hitting the “submit” button as well).

YP stated that in C&I there had been 10-12 apparent non responders (of these nearly all had stated that they had, in fact, submitted the questionnaire).

SG and DTR stated that this subject would next be debated at the area team meeting.

DTR stated that he would organise a business meeting with Rekha Shah and NEL to talk about the progress of this subject.

YP praised DTR’s level of communication re. this matter.

#### Asthma audit:

DTR stated that there had been 50-55% returns and the data is currently being analysed.

BS reminded DTR that the communication re. this health campaign had been poor, and messages from NHS E which had been promised re. return figures per LPC hadn't been forthcoming – therefore LPCs could not help/chase up the necessary contractors.

DTR stated that this had been NHS E's fault because the data analysis had been taking too long.

**National Emergency supply audit report:**

YP asked DTR when this document would be published (PSNC has said that this document is NHS E's responsibility).

Action no.	Description	Who to action
4	To obtain publication status of National Emergency supply audit report from NHS E National team.	DTR

**MUR Underspend – London Wide Minor Ailments service:**

SG asked DTR about NHS E's plans regarding a London wide MA service.

DTR stated that a business case would be being put forward, following a green light from finance to potentially utilise the MUR underspend to fund a Londonwide MAS service. DTR added that 2/3 of London has a current MA service of sorts – 1/3 doesn't have a service at all – therefore 1/3 of London would need to be fully funded to start a MA service in these locations. DTR added that some CCGs have commissioned (under their NHS contract) a MA service of sorts.

SG suggested that LETBs could work together to help fund a Pan London MA scheme.

Action no.	Description	Who to action
5	To provide SG with a list of schemes NHS E would like investment for re. Education and training for CP – so that SG can take this list to the LETB regional group meeting in November 2015.	DTR

**NHS E migration to CAPITA:**

DTR highlighted the following points:

- CAPITA has now taken over the FHS teams across London – work will continue at the existing sites for the moment.
- CAPITA will now set up three regional hubs, based in Leeds, Preston and Clacton.
- The London sites operating at the moment will be phased out in 2016.
- CAPITA will now manage Pharmacy payments, Market entry issues and info, and supplies ordering.
- CAPITA will not be responsible for ROTA planning or the management of the pharmaceutical lists.
- CAPITA will set up an online portal to direct all queries and orders through.

YP stated that it will be imperative that CAPITA's "out of scope" responsibilities be discovered, and also who would then be dealing with them.

DTR stated that ROTA planning would probably be taken over by NHS E area teams.

SG asked whether CAPITA personnel contacts could be referenced in the NHS E FAQ document.

Action no.	Description	Who to action
6	To share NHS E FAQ document with CAPITA in order to obtain and include contact details for relevant CAPITA personnel.	DTR

**Vaccination service:**

BS stated that there were no current issues to address with DTR.

**Re-structure:**

DTR stated that Alice Benton's replacement had not been found yet – therefore he would be filling the Head of D.O.P. position in the meantime. DTR stated that David Sturgeon would be leaving in January 2016 and Liz Wise would be taking over from this point.

**Islington developments - PM Challenge Fund bids and Investment bids:**

YP stated that Islington CCG has pledged £555k in additional funding to support the PM challenge fund bid. YP added that approx. £50k of this has been allocated to fund extra CP opening hours to add the GP opening hours of 8am to 8pm. YP stated that the CCG would like a steer as to how to potentially contract with Pharmacies to provide this in a timely manner (PM bid is only for a year). DTR stated that NHS E had heard nothing from the CCG wrt. this contract model.

SG and BS suggested that a "ROTA type – extra hours" service could be proposed for this and the payment could be made via a LCS CCG payment & opening hour notification (as supplementary hours be made to NHSE).

YP stated that the PSNC had been informed of this.

DTR stated that the CCG in Southwark had increased the opening hours of an urgent care centre through the PM challenge fund – DTR had agreed remuneration for Pharmacies in other areas to meet demands for extended hours.

DTR asked YP to check on what Pharmacies would be affected by these extended opening hours.

BS stated that the LPC and NHS E would need to come up with a process to contract this service out.

Action no.	Description	Who to action
7	To contact Amalin Dutt at Islington CCG in order to ask why he had not contacted the NHS E contracting team wrt. the contract model for extended Pharmacy opening times to match extended surgery opening times (funded by PM's challenge fund)	DTR

YP and SG thanked DTR for his report.

**3. HENCEL E&T UPDATE**

**IP funding:**

**Independent Prescribing Phase 2:**

SG reminded the meeting that the original funding (Phase 1) for IP training in London was only 15 places. SG reminded the meeting that a prescribing budget would have had to be needed to apply for this funding – therefore CP had effectively sidelined from this scheme. SG stated that 4-5 CPs had been accepted in Phase 1 (awaiting confirmation from LPET, who were project managing this). SG added that another 70 IP places had been funded for and Gail Fleming (Head of Pharmacy Health Education England - London and South East) had been contacted by Rekha Shah, and a meeting had been set up with her and some PL members, as well as Rekha Shah to discuss the inclusion criteria for this new phase of applications.

SG stated that the outcome had been that a prescribing budget would not be needed and a designated medical practitioner mentor would not be needed at the start of the process (they would be needed later on).

SG added that as part of the application process for **Islington** contractors (via this London-wide Scheme) , pharmacists must state how they will benefit the NHS by becoming an IP.

Several committee members present stated that they would apply for this IP training - Phase 2.

SG stated that Islington CCG had said that they were currently happy to support CP applications to this IP funding .

SG stated that YP had sent an email to contractors, with helpful tips on how to apply for IP training.

SG reminded the meeting that these IP training places are currently worth £2000 each.

SG added that the University places for IP training are now available to book for January 2016, however the deadlines for the applications will be November 2015.

SG stated the process in **Camden** provides a different option. SG added that in this Camden scheme contractors from Camden could just phone up a Herts University and ask for a University application form to be sent to enroll on that course, without filling out the additional London-wide application form (as per Islington/London-wide funding)

SG stated that he would like to see a number of CPs trained up as IPs, so that the LPC can then go to CCGs and the GP Federations to sell the idea of commissioning services for CP to carry out via these IPs (e.g. writing dressings' scripts).

YP reminded the LPC that this funding would cover the course fees only, but not the contact time, therefore individuals would have consider this investment in time and money.

SG stated that currently the rules state that every pharmacist training to be an IP must have a Doctor as a Mentor (Designated Medical Practitioner). SG added that in time this would change to include Pharmacist IP. SG suggested that applicants go and talk to their local GPs to ask them to be their mentor for this IP course. SG added that the GP can be from any area and still be a mentor.

BS suggested that an easy to follow flow chart be put together by YP and SG to guide Camden and Islington contractors through this application process.

Action no.	Description	Who to action
8	<b>To produce and email an easy to follow flow chart to guide Camden and Islington contractors through the IP application process.</b>	YP

#### **Pharmacy/GP Project:**

SG stated that there were two types of Project here -

1. CP and a GP Scheme:
  - a. Backfill costs are provided for both healthcare professionals.
  - b. Both will have leadership training and will then undergo placements in each other's workplaces (the training would take approx. 6 days).
  - c. Both will then work on a local project together – specific to their practices (e.g. repeat medicines system review).
  - d. CPs and GPs can join up as pairs up by themselves and apply as a pair, or the commissioner will pair up the two professionals.
  - e. The swaps for this would take place in Feb 2016.
  - f. The CP would need 5 years' experience (exceptions could possibly be made).
2. Pharmacy Pre-reg. and GP Registrar Scheme:
  - a. A pharmacist will be funded to go on a training course to support them as a Pharmacist tutor (to both their pre-reg, but also the GP registrar. The Pharmacy Pre-reg. and GP Registrar will then be paired up.
  - b. The Pre-reg. will then spend time in a GP practice, the GP Registrar will spend time in the Community pharmacy.
  - c. Both will then work on a local project together.
  - d. Tutor training would take place before the end of 2015, the swaps would happen a month before the pre-reg. exams.

SG stated that the LETBs are very excited in these two schemes. SG asked the members present to contact him should they be interested in participating in either of the above schemes. SG stated that this would improve the relationships between GPs and CPs.

#### **4. CEO TERMS OF ASSOCIATION**

SG stated that at the last LPC meeting, a majority of members had voted to approve YP's Terms of Association (with clauses 4.6 and 4.7 removed) and thus it had to be signed off. SG asked for approval to sign the document by the end of this meeting. This was approved

## 5. CEO REPORT

YP highlighted the following points from his report:

### LPC AGM:

- The AGM had been attended by 25 contractors.
- There had been presentations from:
  - Leyla Hannbeck (NPA) on the new GPhC inspection model.
  - Alistair Buxton (PSNC) on Developing Services for Community Pharmacy.
  - Hitesh Patel (C&H LPC) on C&H's experience of forming a provider company.
  - YP had presented the LPC accounts.
  - Alison Bonfield (NPA) had been present to inform contractors of NPA services.
  - Jo Barter (Cite4Jobs) had been present to inform contractors about Pharmacy Apprenticeships.
- The LPC accounts had been approved unanimously (25 Votes from attendees + 7 postal votes).
- There had been a discussion about the LPC bank balance & how contractors wished the LPC to spend these funds -
  - Contractors had universally rejected the proposal for a levy holiday and unanimously preferred to invest LPC funds in the formation of a provider company and for contractor support (Educational events for Pharmacists, pre-regs and counter staff).
  - Contractors had asked the LPC to investigate joining the C&H LPC provider company.
  - Contractors were asked to leave additional comments on the feedback forms.
- The feedback forms reiterated the above points -
  - To invest LPC funds in the formation of a provider company (linking with the existing C&H provider company would be cost effective & cost efficient)
  - Contractor support (Educational events for Pharmacists, pre-regs and counter staff).
  - There were no comments on the feedback forms against these points

SG stated that the AGM had been a success and thanked YP for his work on it.

### Islington developments

- PM Challenge Fund bids and Investment bids –
  - The Islington iHubs, which will operate 8 to 8 7/7 have now been confirmed as:
    - Islington Central (live from 2 November)
    - Rise practice (Start date tbc)
    - Richie St (Start date tbc)
- ICCG have approved a number of investment bids - most pertinent are:
  - £102k for 2 wte Practice based Pharmacists. This money is to be given to the GP federation for them use to engage individuals as appropriate.
  - £555k in additional funding to support the PM challenge fund bid. Approx £50k of this has been allocated to fund extra CP opening hours -
    - CCG would like a steer as to how to potentially contract with Pharmacies to provide this

EA stated that she had been approached by Islington Central Surgery to increase her pharmacy's opening hours – in line with this initiative.

**YP asked EA to forward him a copy of this email communication to her.**

SG suggested that Islington CCG should be told directly by C&I LPC that these particular pharmacies will open extra hours (and they will be expected to be paid for this – as part of a locally

commissioned service) and then the pharmacies would inform NHS E of the change in opening hours (supplementary hours). SG added that should the CCG not agree to this proposal, then these Pharmacies should consider the viability of opening the extra hours, as they could potentially lose money by staying open. SG stated that the C&I contractors should be advised of this.

YP suggested that this may create a service gap, if Pharmacy does not agree to match the GPs opening hours.

SG stated that the challenge fund currently only lasts a year, so the short timescale could prevent another provider from entering the market to provide the pharmacy service to fill this gap.

**The members agreed with the decision to propose that Islington CCG commission a pharmacy extended hours service, with adequate remuneration, for those contractors close to I:Hubs. The committee agreed it would not be acceptable for these contractors to be expected to increase their hours without remuneration. The members present were happy to recommend this action to contractors and agreed that there would not be a risk of any other qualified provider exploiting this opening hour's gap – as the PM's challenge fund is time limited.**

- ICCG are adding another £445k to the GP Clinical commissioning LCS to pump prime the formation of Integrated Care Networks - bringing the total value of this service to £1.2million. This service will essentially pay for GPs to engage with the CCG and other stakeholders. Most of the additional funds have come from the "Better Care Fund".
- The bid from WISH group practices (4 Islington/4 Haringey practices) partnered with Whittington Health to NHSE for practice based Pharmacists is yet to be determined.
  - Successful bids will be published in Mid November 2015.
- Dressings Central Procurement Pilot -
  - There have been no new developments on this matter.
  - This pilot in North and Central Islington that started in December 2014 is to continue until April '16 -
    - Whittington Health no longer considers this model viable and would like to withdraw the service unless it is substantially revised.
    - A sub-group is to be convened to review the options for Dressings supply.

SG stated that the dressing's pilot should be brought up at the next Islington strategy meeting (19<sup>th</sup> November 2015) - together with the suggestion that CPs training to be IPs could be a solution to the problems faced by this pilot.

### Outstanding ES Payments

- *Public Health payments* are being delayed because of quirks in the LA approval processes. Payments affected are:
  - Camden Smoking
  - Islington SSA/PNEX

This is further compounded because the remittance advice is indecipherable - so contractors cannot currently reconcile the payments they have received. This is somewhat mitigated by the twice yearly statement that PH produce, but it is still far from ideal.

YP stated that he is currently working with both lead commissioners to resolve the issues - both lead commissioners have written to contractors explaining the position.

- *NHSE payments* still appear to be erratic for GPs and CPs.
  - Several contractors are still reporting not having been paid since January 2015 - Even though NHSE insist that most have been paid.
    - This highlights the extra work that not having adequate remittance advice creates.
  - DTR is currently in the process of setting up a payments tracker database for Pharmacy to mirror the database currently in place for GP payments.

- Uptake of the Webstar MRD module in Islington is currently patchy. Comms. from NHSE about the migration to Webstar has not been great. Fresh comms. went to all Islington MRD providers in August 2015. YP stated that he is waiting to see if this has improved uptake.
- YP continues to support contractors and NHSE to submit invoices appropriately and have payments authorised respectively.

### NHSE

- MAS/MRD

SG commented that the service spec. for this service did not currently include an EA assessment for the addition of new patients, this could potentially leave the service open to future challenge. Therefore it should be suggested to the commissioner they might consider adding the DDA assessment form (created by C&I LPC) to this spec.

Action no.	Description	Who to action
9	To ask DTR to add in an appendix to the MRD service spec. re. the addition of new patients using an EA assessment (DDA assessment form template to be provided by C&I LPC)	YP

YP stated that during the w/c 26/10/15 someone at NHSE had instructed Venalink that NHSE will cease funding these blister packs at the end of Nov 2015 - this has caused some contractor confusion and consternation. YP stated that he had raised this with DTR. YP added that C&I LPC had not been consulted on this or had appropriate notice of this change - *Indeed the new draft Camden MRD spec states that commissioned Pharmacies must supply MRD in NHSE funded Venalink packs.* YP stated that he is currently waiting for DTR to give a formal response on this matter. SG asked what the members for their thoughts on this matter.

YP reminded the meeting that DTR had stated that NHS E would not be funding Venalink from April 2016. YP added that these savings (£50,000 per year) would be put back into the MRD service. YP stated that he had contacted Venalink and had been speaking with them about the cost of providing an MDS post April 2016.

### Out of Pocket (OOP) Claims Audit

- Islington
  - Nothing new to report for Islington -
    - These claims have reduced dramatically. The CCG are very grateful for the LPCs support in this regard.
    - NHSE are looking to share ICCGs approach across London.
    - There are still outlier contractors that YP is currently working with the CCG to educate.
- Camden
  - Has just embarked on a similar exercise using the ICCG letter as a template.

Action no.	Description	Who to action
10	To send C&I contractors an email asking them to contact the LPC for support, should they receive a letter from Camden or Islington CCG re. OOP expenses.	YP

### Service Reviews -

#### EHC

Jennie Mckeith is the new lead on this at Camden PH - she has been tasked with taking this forward. She has confirmed that -

- The no. of commissioned Pharmacies will be increased from 15 to 18

- Camden PH will approach the 45 Pharmacies which had expressed an interest in providing the service in January 2016 to confirm they are still currently interested in providing the service and select from those that are based on selection criteria that assesses the opening times, young person friendliness etc.
  - Camden PH were proposing to have each Pharmacy give a tender price for delivering the service.
  - Camden PH have agreed to drop this, after YP explained that this was not acceptable. The LPC and Camden PH had agreed the price in January 2016 before this procurement process started.

Below is a summary of the position from previous reports for new members -

- Camden PH have issued an extension of the current arrangements until 31 March 2016
- Healthwatch and the commissioners now favour removing the post code restriction for clients, however to keep the spend within budget they're proposing to only expand Pharmacy EHC commissioning in the areas identified as gaps in the PNA. YP is currently trying to persuade them to increase the no. of Pharmacies commissioned across the borough. Healthwatch seems cautiously receptive to this, but would only really be willing to add a handful more Pharmacies outside the areas that were highlighted in the PNA because of budgetary concerns. This differs from the paper commissioners tabled at our last LPC meeting which stated that the number of EHC commissioned Pharmacies would only be restricted in the Tottenham Ct Rd area. YP has highlighted this discrepancy and the LPC's ambition to have every Pharmacy commissioned to provide EHC. C&I LPC is still waiting for the formal proposal from the Procurement team to confirm this.
  - YP has argued that the postcode restriction had been unacceptable and that the no. of Pharmacies commissioned should not be capped as the LPC does not currently believe that expanding the no. of sites providing EHC will lead to a massive increase in activity - rather the existing activity will be spread over a larger no of providers. The Commissioners remain unconvinced by this argument.

### **Camden NHS Healthcheck Pilot**

ToHealth have just indicated that they are indeed planning to re-bid for the lifestyle services procurement that is currently live (commissioners have renegotiated their previous deal) and will be sending out expressions of interest to Pharmacies in both Camden and Islington to take part in the Pharmacy Healthcheck pilot - to which 12 Camden Pharmacies have signed already up for.

YP stated that of the 12 pharmacies signed up – 4 are Boots branches. YP stated that those pharmacies in C&I who are already providing Healthchecks will be sent a notification that they will be decommissioned, and then they would be able to express an interest to provide the service via ToHealth. YP stated that ToHealth will be offering a mixed model of delivery across both boroughs (using their own outreach and also referring to Pharmacies – it will be cheaper for ToHealth to refer patients to pharmacies to deliver these checks).

SG asked whether the LPC would like to support ToHealth's bid (this support and the link to community pharmacy in C&I would actually be written in the bid).

YP stated that in Islington, the contractors currently delivering the Healthcheck service would be decommissioned and then invited to sign up to the new service delivered by ToHealth, however the terms of this new service would be worse for these contractors – these contractors would not get their consumables paid for this service.

HS and YP stated that there would be no guarantee that the pharmacies already providing the service would be recommissioned by ToHealth.

The members agreed to support ToHealth's bid.

### **Healthy Living Pharmacy Implementation**

- 6 Pharmacies have been granted HLP status -
  - Greenlight Pharmacy, Euston
  - Greenlight Pharmacy, Cricklewood
  - Aura Pharmacy, Camden
  - Dermacia Pharmacy, Islington
  - Apteka Pharmacy, Islington
  - Egerton Pharmacy, Islington
- PH are keen for the LPC to support/promote HLP at every opportunity as they were aiming to have 10 HLPs by the end of September '15.
- The HLP steering group are considering recommending that the SLA's for some commissioned services (not for smoking cessation) should stipulate a commitment to attain HLP accreditation within a year of being commissioned.
- NPA have kindly agreed to run HLP Leadership and Health Champion training at no charge to the LPC (no backfill costs paid). These are scheduled for 25 Nov 2015 and 9 Dec 2015 respectively.

BS stated that **all** contractors should be supported (wrt. stipulations in service SLAs) and not just those already accredited / being accredited to be HLPs. BS asked whether the LPC could work with the NPA to facilitate HLP training, which could then be promoted to all contractors, SG said this is exactly what the previous point outlined, and that at the AGM contractors indicated they wished the LPC to support HLP.

### **Camden Ageing Better Bid**

- 14 Pharmacies have been recruited
- Training for the service was delivered on 17 September 2015.
  - This had been well received and attended.
- The service had launched on 1 October 2015
  - No pharmacies have yet made any referrals.
- PSNC are currently interested in publishing an article on the service.
- The service specs have been shared with the PSNC.

### **Islington Anticoagulation Services**

- Procurement documents are currently being drafted with a view to launching the tender process in early November 2015.
- YP has met with Whittington Health and will be meeting with the GP federation shortly -
  - It would be very helpful to join forces with City & Hackney LPC on this.

### **6. MINUTES OF PREVIOUS MEETING (29TH SEP 2015) - MATTERS ARISING (ACTION LOG)**

SG reminded the meeting that the minutes should have been checked for accuracy, prior to this meeting, and any comments should have been submitted previously.

YP praised SB for the accuracy of these minutes.

**Previous Action 17 – from agenda 14/07/2015 - BPT to phone BS with the details of what was discussed in this agenda item re. her expense claims and also to run through the expense claim procedures with her.**

YP stated that BPT had said that he had had a phone conversation with BS re. this action point.

BS stated that she still does not recall such a conversation, BS suggested she might just contact BPT outside of the meeting.

BS added that there had been a request from Sanjay Boots (via an email from him) to add his email correspondence to the minutes of the last meeting.

YP stated that the highlights of these emails had been put in the CEO report and all queries had been answered and satisfied.

BS wanted to state for these minutes that this business of Sanjay Boot's expense claims had been resolved and Sanjay Boot's last email had been responded to by YP.

**Sub-Group membership:**

Action no.	Description	Who to action
11(previous action)	To action the inclusion of HS and EA as signatories for FAC duties such as signing off expense claims (by end of October 2015).	BPT

**Previous Action 3 – from agenda 17/09/2015 – YP/BS to draw up locum expense claim template for September 2015 LPC meeting**

BS stated that she could action the above in the break out session.

**Previous Action 4 – from agenda 17/09/2015 – YP To place a divert on the old P.O. BOX for 6 months (cost £150), which would redirect mail to a new P.O. BOX, which would have to be set up (cost £300).**

YP stated that the costings are different from previously reported:

- Setting up of new P.O. Box = £312
- Divert to redirect to new P.O. Box = £240

Action no.	Description	Who to action
12	- To obtain change of signatories form - To cancel DD payment which currently pays for old P.O. Box (next payment Feb 2016).	BPT

**Previous Action 7 – from agenda 17/09/2015 – Gov. Subcom to review the LPC constitution document (included the parts that were edited out before), so that the election process would be clear and robust going forward**

SG noted element to be reviewed was the process of proxy voting specifically for elections of officers and this section should be reviewed in the breakout session to reflect the newly adopted constitution.

*SG signed off the minutes of the 17<sup>th</sup> September 2015 as accurate.*

**7. LONDON PHARMACY WORKFORCE SURVEY**

SG reminded that all C&I contractors should have received this survey and that it was currently being managed by the regional LETB. SG stated that this same survey had taken place in Kent/Surrey and Sussex and following the collation of the results a large number of funds had been allocated to CP in that region. SG stated that it was very important for C&I contractors to fill in this survey – because funding to C&I could result from the workforce data that would be revealed following a good return of the survey results. SG stated that the C&I region currently had one of the lowest return rates (40%). SG advised that those LPC members who had not carried out the survey – should do so by the end of this day.

YP stated that the marketing company charged with collecting the survey results are currently conducting a “mop up” exercise, and has asked C&I LPC for their help to get more contractors to fill in the survey – they have offered a payment incentive of £10 per contractor who submits their results (the deadline for this mop up work is the 20<sup>th</sup> November 2015).

YP asked the members present whether YP should help this marketing company to improve the return rate in LPC time (the funds would come to the LPC) or should he do it in his own time (the payment would go to YP's personal account).

***The meeting members agreed unanimously for YP to contact the LETB directly to agree to undertake this work on his own time and be paid personally.***

## **8. SERVICE UPDATES/OPPORTUNITIES**

### **Ambulatory BP monitoring Service**

YP stated that the CCG are reconsidering the plan to only commission GPs for this service. Y added that CP may also be considered to be able to provide this service, however they would have to purchase their own Blood pressure monitors.

## **9. TREASURERS REPORT**

### **LPC Reserves**

YP stated that the LPC funds were healthy.

### **15-16 LPC Management Accounts**

YP stated that because BPT currently had the new cheque book, then only 11 cheques would be paid out on this day

YP stated that he currently had two pharmacy forum meetings (1 in Camden, 1 in Islington) set up in January 2016 (subject - respiratory MUR).

SG stated that, as discussed previously, for good governance and transparency all the members' meeting invoices are currently available on "sugar sync".

YP stated that he did not have a copy of the paperwork (claim form & invoice) for the Irenicon payment (via cheque) – SG stated that he had a copy & would send to YP **Corporation Tax (£2081)**

YP stated that he did not have the paying in slip for this, but a cheque would need to be written today – the paying in slip would be obtained at a later date from BPT.

### **Change of Signatories**

SG stated that YP would download a form from the Lloyds bank website, and the members of the FAC would sign it on this day.

### **Pharmacy London Levy**

YP stated that the cheque for the levy amount approx. £4000, would be signed today.

## **10. FORMATION OF A COMMUNITY PHARMACY FEDERATION**

SG reminded the meeting that this had been an agenda item at the AGM. SG suggested that the Terms of Association from the provider companies PSP and New Fed be obtained for analysis.

YP suggested that C&I LPC follow the PSNC guide on setting up a provider company.

YP asked the meeting on their thoughts on C&I contractors joining the C&H provider company PSP.

BPC stated that New Fed is dormant at the moment, however PSP has successfully procured an anti-coagulation service in the City, and a stop smoking service. BPC stated that he would advise contractors to join PSP. BPC also stated that he is a current director of PSP, therefore this could present a conflict of interest.

BS stated that talking to PSP would be a good idea because they already have a successful trading history.

BPC stated that C&I contractors would be spared the set up costs of forming a new company (PSP set up cost – approx. £25,000) should they wish to join PSP.

SG stated that C&I will have to buy shares in PSP a higher rate now.

BPC reminded the meeting that should the LPC wish to loan money to start up a company, then the LPC would need 2/3 buy in from the C&I contractors.

SG stated that the first stage of this would be information gathering and research to then present to contractors.

BPC stated that PSP would return money to shareholders once the contracts they hold begin paying out – and profits made. BPC stated that a contractor could still deliver a service even if they would not be a shareholder of PSP. BPC stated that the joining fee for PSP is currently £600 per year. YP brought up the subject of “Devo London” and wondered where a local provider company would fit within this model.

Action no.	Description	Who to action
13	- To obtain terms of service from PSP and New Fed  - To ask Hitesh Patel (C&H CEO) whether C&I contractors could become shareholders of PSP (how much to join)	YP/BPC

BS asked how contractors could be informed of Provider company news.

BPC advised face to face meetings with shareholders and added that governance would need to be robust around LPC/Provider Company cross over matters. BPC stressed the urgency of getting this provider company issue resolved.

### 11. SUB-GROUP MEMBERSHIP

The committee agreed to adopt the following subgroup structure:

Sub-committee	LPC Member (sub group lead in Green)				
Communications	Mike Bereza	Udit Patel			
Governance/Strategy (incl PNA & Market Entry)	Sanjay Ganvir	Beneeta Shah	Elena Alexandrou	Jayesh Patel	
Stakeholder	Kim Khaki	Ayesha Aleem			
Contractor Support	Sanjay Patel (Aqua)	Hitesh Tailor			
Finance	Bipin Patel (Turnbulls)	Hinal Shah	Bipin Patel (Clockwork)		

### 12. SUB GROUP BREAKOUTS

Of the members present –

- SG, HS and BPC stayed to write cheques.
- YP and KK rang round contractors to talk to them about the IP courses and the Workforce survey.

### 13. A.O.B & CLOSE

SG brought the meeting to a close.

### 14. MEETING DATES FOR 2016:

26 <sup>th</sup> January 2016	09.00-17.30	Ibis Hotel Euston
22 <sup>nd</sup> March 2016	09.00-17.30	Ibis Hotel Euston

<b>17<sup>th</sup> May 2016</b>	<b>09.00-17.30</b>	<b>Ibis Hotel Euston</b>
<b>12<sup>th</sup> July 2016</b>	<b>09.00-17.30</b>	<b>Ibis Hotel Euston</b>
<b>20<sup>th</sup> September 2016 AGM</b>	<b>11.00-17.30 &amp; 18.30-21.30</b>	<b>Ibis Hotel Euston/Ambassadors</b>