North East London Local Pharmaceutical Committee
LPC Meeting 06/10/2022
Full day 10:00am – 5:15pm

Present: Shilpa Shah (SS), Dalveer Singh Johal (DJ), Rebecca Dew (RD), Abi Sarangan (AS), Parvesh Patel (PvP), Imran Jan (IJ), Pradeep Mayor (PM), Faruque Gani (FG), Kerry Webb (KW), Jyoti Bakshi (JB), Prakash Patel (PkP), Shazli Hafeez (SH), Eric Tee (ET), Mina Patel (MP)

Sanjay Patel (SP) for Green Inhaler presentation only

Raliat Onatade (RO) for 30 minute slot virtually only

Apologies: Ross Fraser (RF), Ravi Viatha (RV)

Welcome and Introductions
PkP opens the meeting. Acknowledges the cancellation of the AGM in light of the death of HM The Queen.
Each attendee introduces themselves as new members are present.
PkP welcomes new members.

DOIs
No new DOIs.

Minutes and Next Steps from July meeting
Minutes from the July 2022 meeting have been sent to committee members a week prior to the meeting. SS puts to committee to raise any queries or amendments. No queries or amendments
Minutes unanimously agreed.
SS highlights a website issue which has caused a delay in publishing minutes.

SS goes through next steps
No representative came forward from Havering to fill the Independent LPC vacancy, therefore an EOI was put to all NEL contractors. Eric Tee from Redbridge/Havering border has filled the vacancy.
SS introduces ET to committee.

SS raises the potential to change the November meeting from virtual to face to face due to RSG work, agree to discuss later in meeting.
SS introduces MP as new vice chair and welcomes to executive committee, following her expression of interest.

SS outlines committee members liability with regard to their position on the LPC and responsibility in terms of overseeing the spending of contractor money, governance etc. There are no options currently for insurance as this is a niche role, NPA have been contacted passed back to PSNC. PSNC has advised that with the RSG changes, as long as guidance and good governance is followed by members, issues should not arise.
The committee discussed the increased transparency at the LPC and the current processes.
SS has discussed the potential for insurance with The Retail Mutual, and again would not be able to find an underwriter given the niche role.
SS Suggests parking and revisit in the future if members felt the need to raise again.
Committee agrees.
PkP informs committee Insurance for members has been raised with PSNC and has been put into RSG as an area to look at in the future.

SS raises that previous LPC Secretary has contacted to ask for the LPC postal address, SS has responded to clarify we currently do not have a premises but that we can help by e mail.

SS clarifies confidential accounts document were received back from the forensic accountants and have been confidentially scanned and destroyed

SS to send an email regarding free work to contractors will be moved to this month's next steps.

Next Steps: SS to send email to contractors regarding free work.

SS updates on PCN leads work. Funding from PQS has gone for this role but the LPC still have 300k to support them from the ICB. With agreement from LPC committee, SS will continue to develop the roles informally using the funding. SS outlines PCN lead day planned on the 12th of October; plans to encourage PCN leads to introduce themselves to pharmacies in their areas and CDs in November, and work on PCN Leads supporting GP CPCS and further pharmacy services in January. SS will discuss with CCG that the role is no longer formal following the changes in PQS. SS clarifies the importance of local intelligence and support, particularly with GP CPCS and other services, and where PCN leads can support this.

IJ queries if CCG had particular requirements on how to spend the funding when it was given. SS clarifies they wish to be updated but are happy for development to be guided by SS, with focus on raising confidence of PCN leads.
JB queries if there is a plan from a content point of view. SS clarifies there is a plan up to March 22. Plan has been put together by previous pharmacy services manager from another area. There is 10hrs a month of funding at £30 an hour

Next Step – SS to share PCN plan with the committee.

IJ queries whether LPC have discussed with PCN Leads how their role is beneficial to contractors.
SS clarifies this will be discussed on 12th October and acknowledges some leads might step down after PQS announcement, so wants to promote the need for local support. SS further clarifies role of lead and their importance when dealing with local issues. SS clarifies that Committee Members are welcome to the PCN Lead day on 12th November

Next Step – RD to send PCN Lead invitation to all committee members

JB raises the need for direction of travel with PCN leads, to show value for what is spent, the need for clear direction and an audit trail for evidence for the CCG.
PvP asks for clarification on the amount of funding given
SS confirms the funding is £300k until end March 2024

SS confirms the LPC has switched bank accounts from Natwest to Lloyds bank and will go through further in finance update, including organising separate accounts for grants and contractor levy money.
PvP queries the amounts of funding in the bank account.
SS clarifies the funding amounts for different workstreams £100K for GPCPCS (part pro rata for C&H), £300K for PNC leads (all for NEL as C&H had funding previously), £166K for Hypertension (part pro rata for C&H)

SS further outlines how the money will be kept separate and time would be backfilled for any work for these services
SS highlights the clarification of grant instead of invoice for clear accounting and tax purposes. Some funding must be given to City and Hackney LPC as funding was pro rata,
PkP queries if there is an agenda for the PCN lead meeting.
SS clarifies will be sent with the PCN lead email to committee members, the available £300 backfill and venue for meeting.
PkP queries whether some of the funding money can be reallocated to PSNC topics.
SS clarifies this can only be done if topics are relevant to the ICB (which most things are) i.e., contraception, hypertension and GP CPCS will be supported with the funding where relevant. Will have a better understanding next week after the PCN meeting next week.
C&H leads have also been invited as Pfizer are sponsoring the meeting, the backfill for the C&H leads will be paid for by C&H.

SS raises the next step regarding the NHS app. SS outlines an issue with ordering experienced in Newham regarding ordering through GP and not pharmacy. Puts to committee for their opinion on who should be ordering prescriptions.
PvP suggests pharmacies should order gives control of workload and supports management
SS recalls at the last meeting, committee discussed and raised issues on admin, hence why the next step was raised regarding the NHS app email to contractors.
JB suggests it may not be appropriate for the message to come from LPC as is a more local decision for each contractor. JB raises that CCG in another area did have pharmacy scheme on education regarding the NHS App however, there were issues with pharmacies are first on the list or the first page.
PvP gives experience in apps driving patients away from community pharmacies and suggests speaking with the surgeries and CCG for local issues but highlights the need for exact evidence. Gives experience in issues with evidence matching and the need for locally led discussion
SS suggests local discussions with guidance from LPC. LPC to step in and have conversations where issues escalate, to support pharmacies, but will not email out a guide on whether to or not to order.

PvP suggest making and sending guidance. SS highlights potential governance issues and LPC remit, suggests LPC should not make guidance, rather highlight existing guidance.
Committee discuss the need for LPC to give guidance. SS suggests governance committee could write the guidance and to bring to the committee for approval.
MP raises approval issues with apps and misunderstanding with patients in terms of when the Rx will be ready.
JB raises issues with texts from GPs causing issues in pharmacy with misunderstanding from patients thinking the message means prescriptions are ready to dispense, however the pharmacy still need time to dispense, suggests including a note to say leave 48hrs before attending pharmacy.

SS raises that NEL is low on utilizing ERD.
Members give experience of issues dispensing, intervals and claiming ERD.
SS suggest PCN lead could be trained to support with ERD locally.

Members further discuss issues with ERD, and potential issues with locums and give their experience in pharmacy. Discuss workforce issues, protocols and issues with continuing ERD and business as usual.

SS raises that the issues discussed are same issues experienced when sending blanket guidance, as that not all pharmacies can utilise, as all pharmacies are different.

Agreement for no guidance for the moment and LPC to support with local issues that need support, for example, 28 day to 56 day script issues.
To feedback that GP surgeries need to have someone in place that understands ERDs.
SS suggests PCN leads can support and guide with these issues in their areas and to offer training and guidance.
Committee agree for NHS App next step taken off.

Members discuss issues with branded generics, stock shortages and issues with the responses from ICBs regarding the recent Ariprazole oos. Suggestion to invite ICB to meetings, SS clarifies SP and RO will be joining later in the meeting and members will have the opportunity to highlight issues.
SS updates committee on recent communications with the ICB.
Members further discuss generics, price concessions and issues experienced when communicating with hospitals.
SS clarifies that issues are national re needing to get price concessions earlier, LPC's have been raising with Gordon at PSNC. Reminds committee members about the requirement to dispense no matter the loss. The price concessions process is being reviewed.
SH suggests LPC form a subcommittee to support this
SS clarifies this should come from PSNC as would be national guidance, happy for governance subcommittee to support but does come down to liability as governance committee would take responsibility and committee would need to agree on final actions.
PvP discusses legal implications of not dispensing, but also the business implications of continuously dispensing at a loss.
SS highlights that pharmacies need to communicate issues to PSNC and encourage contractors to raise.

PkP outlines data that goes to PSNC regarding dispensing at a loss and will go into further detail during the PSNC update, dispensing at a loss is an issue.
Members discuss experiences on stock issues and scenarios where patients are usually sent back to the GP if pharmacies cannot obtain stock.
PkP outlines why sending back to the GP does not solve problem
SS explains this is why PCN leads are best placed to gather information on various issues with the pharmacies in their area to raise. Committee further discuss experiences in stock ordering process and potential impact on patient experience.
SS states that pharmacies need to keep talking about it but PCN leads can support getting the message across. We need to be mindful not to give the leads too much to do but they will be paid for their time if asked to do something by the LPC (not if they go off and do their own thing)
Members further discuss price concession issues and dispensing at a loss.

FG highlights a memo received in a neighboring area that encourages GPs to prescribe in accordance with shortage protocols to support pharmacies for Ariprazole which was supportive and needed in NEL.

Next Step: FG to send memo to SS

SS raises the next steps regarding GP CP forums in the local areas, suggests PCN leads may be more beneficial than GP/CP meetings by borough. Suggestion to take this off the next steps and review in the future.
Committee agrees

SS asks IJ if he sent the screenshot regarding the PharmAlarm issue.
IJ sent screenshot however, not received. IJ to resend screenshot to RD.
Next Step: IJ to send screenshot to RD

SS updates on WhatsApp group. LPC personnel have left old WhatsApp group and opened a new one. No videos posted yet but will be in future. Group is broadcast only and is working with almost 100 members.
Next Steps – Use WhatsApp groups for videos and training pieces. RD and DJ to look at content.

MP to send details of the smoking cessation person to DJ moved to this month's next steps
Next Step - MP to send details of the smoking cessation person to DJ

ICB have not given final structure and maps yet, therefore next step of To send committee Stakeholder Map for ICB to be carried over.
Next steps – To send committee Stakeholder Map for ICB once ICB comes out.

SS outlines conversations with FCC and next steps in terms of communication with contractors. FCC will send out comms once the Exectutive Committee have approved the comms and then the LPC will forward that same communication again to all contractors explaining that the LPC have nothing to do with FCC and the names of who they should contact with queries. IJ suggests leaving communications with FCC as we have given them a membership list.
SS clarifies that the LPC cannot be assured FCC membership lists on record are accurate as they were made prior to the change of personnel at the LPC.

SS discusses RO's boss Dr Paul Guilley CMO's recent visits with pharmacies and colleagues in preparation for joining meeting. Members discuss issues they wish to raise.
JB raises pharmacy first scheme inequalities issues

PkP raises that they are not getting enough referrals from the hospitals, DMS is not really helping patients as much as it could be.

Next Steps – for DJ to raise issues of pharmacies not receiving many DMS referrals

SS raises issues with pharmacists not checking their emails. Will be discussed further in CEO update.

PvP highlights that when referrals are sent to pharmacy, they are then the pharmacist's responsibility and raises need for pharmacists to understand their liability with regards to DMS, GP CPCS, dispensing errors, etc.

SS agrees that liability needs to be emphasised. Highlights that DMS is also essential and needs to be done. Suggests raising DMS numbers with RO as they are not where they need to be. SS raises that there have been complaints from GPs regarding GP CPCS, LPC have been phoning pharmacies who have not read their emails re PO etc and then have issues with logging in and passwords, etc. Then surgeries stop referring to that pharmacy as a consequence as well as the pharmacies around them.

Members discuss experience in issues with DMS referrals, using PharmOutcomes and uploading to MYS. Highlight the issues with the speed of PharmOutcomes as has significantly slowed.

Virtual meeting with RO
RO joins meeting at 11:37 virtually via teams
Members and attendees introduce themselves to RO
RO introduces herself, her current positions at Barts health and as Chief pharmacist at the ICB. Gives background on her qualifications and experience.
Outlines to support CP in developing clinical services and input, health management, population health improvement.
Other area of interest is in genomic medicine. Discusses benefits of genomic medicine and community pharmacy. How pharmacists can help people identify genetic disorders and support patients to help with this, as it becomes mainstream, and expectation is that pharmacy professionals will take a leadership role in pharmacy.

JB queries if RO has utilized Our Future Health with regards to profiling.
RO clarifies that they have not used future health, but work with an organization in east London that is working with genetics. Would be happy to attend a future meeting to discuss genomic medicine and will update on information on the specialist subject as it becomes mainstream. JB gives experience of using genomic medicine during a phlebotomy pilot.

SS suggests NEL be pilot area for any upcoming national schemes.

RO outlines projects in different areas with local GPs and network of pharmacies. Highlights that any pharmacy professional can join this network, but currently there is little interest from CP but they are keen to grow the network. Will come back and discuss again in the future.
Committee discuss advances in oncology and genomic techniques with RO.

JB queries whether there are any plans to expand the pharmacy first scheme seen in City and Hackney, which is working well alongside GP CPCS, across the ICS to reduce inequalities. SS queries whether there could also be PGDs in place to support this.

RO clarifies she has been asked to consider options to support affordability of medicines. Next steps are to provide the options to the ICB board, that is where the detail will be considered to determine what is and is not working. Would need evidence to show that there is a dependency between Pharmacy First/Minor Ailments and GP CPCS working well together, has seen an update but does not recall seeing any information about the two services going hand in hand, one helping the other. Need to put in proposal to the exec team to outline benefits to access and outcomes and consider affordability of the scheme. The scheme would need to be costed out. More work will need to be done on financial elements before is taken to board. The reasons why the service was decommissioned and not recommissioned in other boroughs must also be considered, and why such reasons are no longer a problem.

SS highlights that 26k referrals have come through, saving appointments, but then patients sent back due to needing a script for a Pharmacy First medicine. Highlights the importance of pace, as cost of living is impacting already.

RO suggests small group together to work up proposal now everything is decided on. NEL wide basis so may be a longer process. Benefits/disadvantages and going through finance to costing would need to be clarified prior to be taken to the exec. Needs to be done and will be raised with colleagues to bring a group together to raise a short proposal. Need buy in from exec.

PkP attended a pharmacy first meeting with CH, there is ample evidence that it is beneficial. Gives anecdotal experience of the benefits pharmacy first would have locally.
RO states experience is a good example of case study. Should we be considering something like GP CPCS plus so that is an add on to the current pathway as opposed to going through two pathways in parallel. Have one seamless pathway adding onto the existing pathway.

Discussion regarding the role of CP as prescribers, that the biggest benefit is not prescribing in specialist areas, but rather by being a prescriber, benefit is with more generalist medicines as well as having specialist area.

PkP queries RO on DMS. NHSE is pushing DMS as a priority. Via PharmOutcomes, DMS is taking time in the NEL trusts.
SS raises that PO has already been paid for; how soon can we push for this to be installed in the trusts?

RO does not know what the block is for PharmOutcomes and will bring this up at the next ELHCP meeting. RO was not aware of the delays and will raise. The following will be picked up at the next meeting with SS next week: 1) Capacity in hospitals 2) the IT issues re PO for DMS which will be looked into.

PvP raises that part of the blockage is awareness within the network, discharge teams are not aware they need to send the discharge summaries. Many problems with teams being unaware, other than having software in place. SS clarifies where DMS is essential for CP, hospitals only have an incventive if they've picked DMS as part of CQUIN.
RO clarifies that all hospitals are signed up to CQUIN but the penalties are not strong enough if they don't take part. Reminder to go back to quality team when looking at figures from trusts.

SS raises price concessions of Aripiprazole and Abilify. Price concessions are taking too long to come through and is really affecting pharmacies, and patients where pharmacies cannot dispense as not in stock. SS raises the memo sent in West London supporting prescribing the brancd in this situation.
RO will pass information back to the team.

RO leaves meeting at 12:15.

Committee members discuss the conversation with RO

Committee discuss how community pharmacy services are reliant on other HCP's senindg referrrals through to CP. Discuss how services are saving money by reducing hospital admissions.

MP raises that data should be available on the number of people that cannot afford the medication for GP CPCS.
SS clarifies that there is some data via PO.
SH suggests pharmacies should state on PO each time patients cannot afford medication.

SS clarifies that all pharmacies enter data differently, hence the difficulty in collating. The issue is better highlighted when surgeries raise that the referral has been returned.
PvP suggests the LPC sends a memo advising what pharmacies should be writing on PO in these situations.
SS raises the outstanding referrals and amount of work the LPC is doing with chase up and sending people into pharmacy to support

Next Steps – SS to send out an email highlighting the need to add information on whether the patient did not buy the medication/ could not afford OTC medication into the PO when they send back the referral.

SH queries whether it is in the LPC remit to support with returning referrals. SS states that is not in the usual remit, but the funding from ICB can be utilised to support and many LPC's are having to support local implementation of national services to ensure that they are successful. SH suggests this can be part of the PCN Lead role as will also give benefit of local support. SS will make it part of the PCN Lead role in NEL, to support pharmacies by outlining the information that needs to be fed back to feedback. January was going to be GP CPCS month in the plan, so this is the month they will follow up their area using whichever communications methods are working in their PCN. SS clarifies PCN leads will be paid by funding.

Committee discuss data collection issues and time constraints with GP CPCS, and the need to be persistent with the service. KW queries whether pharmacies can take themselves off, SS confirms they can and are recommended to if they are in breach of contract. There have been instances where surgeries have stopped referring to an altogether due to lack of response from certain pharmacies in the area.

SS updates committee on GP CPCS referral data in NEL. SS informs committee NEL are the highest ICB area in London in terms of GP CPCS numbers
The highest ICB area in London, 2nd highest out of LPC's with similar numbers. Other areas have contacted SS to discuss how the service has been successful, in NEL. SS outlines process.
SS highlights the first 20k were quick, however next 6k were much slower.
Members discuss experiences of issues with GP CPCS and particularly with patients under 2 years old which should not be referred through GP CPCS. SS gives experience of a recent difficult GP CPCS referral.
SS highlights that the GP CPCS walk in service over the bank holiday weekend only had 50 and raises the issues with pharmacies not checking their NHS Mail as many may not even have known about the service. LPC office talk to contractors regularly and they often confirm they are not checking their NHS Mail regularly enough.

SS highlights further issues experienced with DMS, in particular staff shortage and pharmacies running on Locums. A further issue is eLPR, as pharmacies have to access this when DMS referrals come through. JB queries why eLPR is used and not SCR, SS clarifies hospitals do not have SCR. For GP CPCS, SCR or eLPR can be used.

Members discuss the issues with using several IT systems and how complicated this is for CP. Members discuss the issues using the different IT systems and the need to check figures as systems do not always update correctly, causing complications with work.
ET raises that there are also discrepancies in the numbers on the system and values when downloaded, highlighting the need to double check again and amend the quantity in claims.

SS updates committee on the hypertension service and sign ups in NEL. Pharmacies are starting to get referrals by NHSMail.
SS updates on the new service negotiations for a local smoking cessation service in Havering.

SS informs committee CGL are wanting to have a standard contract nationally. Outlines the offer from CGL and workload in the contract and propsed remuneration.
Committee discuss the workload involved in the outlined proposal and financial viability.
Committee reject the contract and ask CEO to go back an renegotiate terms and look at an uplift on current payment.

SS outlines the NEL GP collaborative group and informs the committee of the want for similar in community pharmacy. Members discuss and outline the potential for one pharmacist from each borough to form part of the group.
Committee discuss best methods to find members for the group. SS suggests sending out EOI and conducting informal interviews.
Members discuss options for encouraging pharmacists to join the group and discuss remuneration and time commitment. JB raises the need to be clear on workload.

Next Steps: To send EOIs for members of the group. One person from each borough and 2/3 from LPC, SS and DJ.

SS clarifies terms of reference is only a forum but no decision making, everything must still come through the LPC.

Finance update
SH clarifies that statements have been sent to committee prior to meeting. SH is happy with the current budget and statements, puts to committee for queries. No queries raised.

SS updates members on the amount in the account, confirms the switch has been completed and highlights the need to split into 2 accounts, with contractor levy in one and funding grants in the other. SS outlines process of 2-person authorisation on payments
SS highlights the need for more in-depth checking from treasurer and finance committee to ensure good governance. SH outlines process for checking and returning.
SS clarifies the YTD spend to 27th September against the budget.

PvP highlights the need to bring surplus down to 6 months running costs.
SS raises the need to pay tax on investments and updates committee on PSNC Levy rise. PSNC levy is going up approximately 20k next year and 40k the following year, and there is a need to consider the RSG proposals.
SS explains the levy excess and toolkit in case of a merge with a neighbouring LPC. We will need to do a lot of work on this in the November meeting, we can ask Dee the predicted tax and give back the rest as the levy holiday is one option. Finance subcommittee to clarify options for committee to agree to vote on November meeting. CEO is happy to support.

Next Steps – SS and finance committee to meet virtually to discuss and outline options to bring to committee in November meeting.

FG queries how new levy fees have been calculated.
SS clarifies the information PSNC have given on levy calculation and explains the increase in terms of if the LPC does / does not merge.

SH confirms he and RD have been set up with the new bank.
SS clarifies debit card for SH will change to an authorization card to ensure there is only one debit card.

Break for lunch 1:10pm – 2:00pm

NEL reducing the carbon footprint from prescribed inhalers (Sanjay Patel – NHS NEL Deputy Director for medicines optimisation and co-chair of the NEL Respiratory Prescribing Group)

SP Introduces himself and outlines the change in his role from a BHR focus to include all 8 NEL boroughs across NEL Integrated Cate Board (ICB).

Attendees introduce themselves to SP.

SP presents updates outlining the 5 key workstreams of the NEL respiratory prescribing group. SP outlines greener prescribing and its importance, particularly due to inappropriate prescribing, poor adherence and issues with poor patient inhaler technique.
Updates attendees on key prescribing metrics from July 2022 for NEL; London and National. Work in BHR on reducing repeat prescribing of SABAs, to improve metrics on SABA overuse. SP outlined the National targets on SABA overuse. This work will expand to NEL. SP outlines Greener SABA prescribing and informs committee of the carbon footprint and impacts from HFC/HFAs.

ICS Low adherence, high dose ICS and high OCS prescribing still need improvement. SP presents data on NEL Current positions, breakdowns from each borough and current benchmarks for each. Openprescribing data shows NEL trend for average carbon footprint per salbutamol inhaler is moving in the right direction.

SP presents Top tips from respiratory prescribing and sustainability – this will be sent via email however is a live document that is continually being updated. SP outlines resources, key recommendations and principles for greener prescribing. Videos on inhaler technique and patient resource. High quality and Low carbon prescribing.

JB Leaves meeting for 30 minutes (14:20)

SP summarises presentation and outlines resources available to pharmacy and signposting patients. Outlines targets and prescribing changes that can be expected to see in the local area. CP to have access to the training alongside other HCPs at times that are suitable for all.

Puts to committee for questions

SS queries where funding for reviews and associated work is going to come from. SP clarifies there is limited sustainability funding and will outline the full programme, associated costs and have a full business plan. Need to make a case to say there will be a long term savings and training offered that will not be time limited sustainable.

FG raises issues with supply, for example what would be the case if Salamol becomes unavailable. SP clarifies if Salamol is out of stock, recommend whichever alternative can source being the option as per protocol. SP has been assured there is resilience with supply for at least 18 months, however, must consider stock levels as more patients switch, but will be a plan in place and if shortages occur, to highlight as soon as possible.

Members discuss supply and price concessions issues being experienced in pharmacy. SP acknowledges issues with supply and price concessions and urges attendees to highlight issues with the ICB. PvP suggests ICB share memo with surgeries to highlight issues with supply. SP clarifies that shortage protocols are put on a script switch. Issues are there are a number of messages, and sometimes messages get missed, however sending out and

keeping up to date and current is difficult. PvP suggests keeping practice managers aware and updated, and in instances where patients are advised to find a pharmacy to dispense, practice managers speak to the local pharmacies to understand the issues as they may be more long term. SP acknowledges the value in getting message to GPs to highlight the issues that are being experienced. SP to send out communications.

MP highlights the issues around moving from 28 to 56 days and beyond. SP highlights they never got to a place to say 'this is where they want to be' to direct prescribers and also are considering cost of living. SS suggests doing 56-day prescriptions when patients pay, but there are also issues where people cannot afford pre-payment certificates. Suggestion that other patients are put onto ERD. Attendees discuss ERD. SP clarifies they are urging more to get onto ERD to support GP practices and pharmacies in managing workload too.

SS raises the cost-of-living issues are causing patients to pick which medication to buy. Members agree this is an issue in Community Pharmacy right now. FG raises branded generic prescribing, querying when advice goes to practice, are they looking at financial impacts and information is rigid. What is the benefit? SP explains the drugs budget for NEL is overspending so must cut costs and in the past have had to make aggressive decisions. Have specific formulary and pathways groups to support, LPC will have an opportunity to feed into this group.

IMOC work plan in place but explicit that where branded choices are being utilised, this should be limited to areas that are not going to be impacts elsewhere e.g. Cat M. PvP highlights that free advice comes at a cost to the pharmacy, and with losing money on branded prescribing, pharmacists do not talk enough about their free work. SP suggests that noise on free working needs to go national as issues are with renumeration. SP states there is recognition and in April 2023 the pharmacy contract will come back to the ICB, and things are in the pipeline, ready for this. PkP raises the issue of branded generics being unavailable, and patient must go through all pharmacies. Can supply be checked before prescribing? SP clarifies the process of checking Forecasted supply with wholesalers to discuss with their suppliers, to get assurance of stock. SS highlights that the push for branded generic has stopped and it's important that we keep things that way. SP clarifies the intension going forward is to not explore branded generics but there is a realisation that existing patients will likely remain on them.

SP leaves meeting.

Committee discuss SP presentation and historic interactions in comparison with the current relationships. Noted a change in patient behaviour in being more accepting of generics. Committee and SS discuss.

RSG Toolkit

SS clarifies the outcome of the RSG vote. SS highlights the importance of the need to uphold the outcome of the vote as this is what contractors want and to implement the changes outlined in the RSG.

Does current structure match NHS?

No – NHS ICB is 8 boroughs, 6 are already within the NELLPC area with City and Hackney LPC covering the remaining borough. Therefore, NEL is not fully in the footprint.

Are we the right size?

SS outlines recommendation.

Yes, the NELLPC is the right size but is happy to be slightly bigger if we undergo a merger with City and Hackney. Our levy is currently the right amount, was previously high, however has come down.

Are we efficient and effective w/ finances? Yes

SS discusses current budget, the LPC is underspending as there is budget to employ another service manager but we are holding off at the moment as the current team is coping with the workload. The LPC is being sensible with finances, has cut down employed staff, no longer rents an office and has cut expenses without impacting the quality of service given to contractors. Contractors are getting more value for their levy fees.

SH as treasurer agrees, particularly considering the savings. Costs have been significantly cut. Committee discuss budget and savings, with members expressing they feel they are getting value for money from the LPC.

PkP suggests more training as of benefit to contractors, despite not being the remit of the LPC, will provide a form of support. PkP gives an example of historic training.

Committee discuss methods of communication and potential for training webinars and recordings.

SS raises the recent virtual training has significantly low attendance, with two contractors supporting each other, which would not have been appropriate to record and be made public.

ET raises the potential for incentives to encourage training attendance of having incentives to attend. SS clarifies LPC cannot offer cash incentives for training attendance. PkP raises that attending the webinar for contraception will offer an incentive of accreditation.

SS points out that we can only accredit training if it is officially accredited

SS clarifies that where criteria states training should be offered by the LPC, we can do it, but should not otherwise. Actual training that is accredited or available locally, LPC should signpost to.

KW outlines benefits of Day Lewis trainings.

SS clarifies the remit of the LPC and limitations of training an LPC is allowed to offer, and that it must be to the benefit of all contractors.

SS highlights the need to do training in the right way, with adequate representation of all contractors to justify funding. If the training is available through other avenues i.e. CPPE, LPC should not hold training but should signpost to the training.

SS outlines difficulties in getting attendees to turn up to training/AGM etc.
SH asks DJ about the recent virtual meeting and issue with attendance.
DJ clarifies the need for the virtual meeting, the vaccine hesitancy service in TH is not doing as well as expected and the fundijng is not being claimed due to lack of consultations. The virtual training was to share challenges and successes so that everyone could do better.
SH queries what could increase attendance
DJ suggests more willingness from contractor, we are hearing contractors want more services and training, however, are not willing to interact/attend. We will try different communication methods.
PkP suggests a message to all contractors stating that if services are not being provided, they will be lost, and give example of a service that has been lost.
DJ clarifies that the commissioner was also sending emails to contractors to improve uptake.
SS informs committee there was a 50% turn rate in vaccine hesitancy in a deprived area where vaccine uptake is low, vaccines hesitancy conversations were making a difference and were easy to do with a payment that was appropriate for the service.

SS raises the Mental Health and Pregnancy service in Barking and Dagenham, no contractor has signed up.
Committee discuss issues in communications not being understood by contractors and suggest videos can be utilised to better communicate the workload involved in services prior to sign up.
Suggestion to also utilise PCN leads in communications to cascade messages to pharmacies within their networks. SS clarifies the need to not move away from using NHS mail as pharmacists are not regularly checking their share mailboxes, and the LPC must continue to encourage pharmacies to check their emails as NHS mail is mandatory.
Committee further discuss the challenges in communications and continuity of pharmacy services with workforce issues and reliance on different locums everyday. DJ suggests that where pharmacies are experiencing reliance on locums who are not able to deliver the service, they should come out of pilots.

Committee vote on recommendation to change name from North East London LPC to Community Pharmacy North East London.
Unanimous Agreement (13 votes) Ross by proxy Jyoti, Ravi by proxy Prakash

Committee vote on recommendation of committee varying in size, between 10 – 12.
SS clarifies most are going to 11 and would recommend having an odd number for voting purposes. July 2023 will be the new committee; Membership will be pro rata.
Unanimous agreement to move to 11 members from July 2023 (13 votes) Ross by proxy Jyoti, Ravi by proxy Prakash

SS informs committee they have been provided with the draft of the constitution to feedback on. Informs committee of the change to AIM pharmacies to be in line with PSNC. SS clarifies if 9 pharmacies or less, the pharmacy will be classed as an independent. PSNC are awaiting an updated list from AIM.

SS informs committee of Indicative levy figures from 82k to 102k in the first year, and then 122k in year 2.
SS informs the committee on the limiting of membership terms to a maximum of 3 terms of 4 years.
SS informs the committee that by end of January, the LPC need to have an EGM to agree extending committee term to June and potential LPC merging and to accept the new constitution.

SS raises the need for a working group sub committee to engage with neighboring LPCs. Ideally 1 independent, 1 CCA, 1 AIM and for SS to organise the meetings and join if appropriate. SS clarifies the group are to have the conversation with C&H's sub committee and will consult regarding the merger and discuss with Clyde and co regarding HR requirements of a merger.
SS states that the committee first need to discuss options and once all options are on the table, subcommittee to discuss with C&H. Subcommittee to approach and decide on merger.
PkP updates committee on has initial conversations with C&H LPC chair. SS clarifies Committee members would be pro rata after merge.

JB as CCA member of sub-committee
PvP as independent
KW from AIM.

Members vote on suggested subcommittee members and agreement that they are able to begin working on this after this meeting.
Unanimously agreed (13 votes) Ross by proxy Jyoti, Ravi by proxy Prakash

LPC to engage with contractors to change constitution in January and outcome of potential merger with C&H. An Integration plan will be needed from Jan – June.
PkP queries when the LPC need to to implement RSG toolkit
SS clarifies in January 22 to have an EGM and then have until end June 2023 to implement all the changes.

Committee further discuss potential merger and agree options are to either merge with City and Hackney or not, as to merge with other London areas and have a federated LPC would not align with ICB footprint. Committee discuss the ICB and pros and cons of merging, and the need to merge.

Committee discussion without employees
Staff members leave LPC meeting as committee members discuss employees.

PSNC update
PkP gives PSNC update.
Committee discuss PSNC update, and the negotiating and voting processes within PSNC.

AOB
SS informs committee of PNA response numbers for Newham and Tower Hamlets, that the LPC has been chasing and asks members in the areas to also encourage outstanding pharmacies to complete. SS highlights need to complete PNA, particularly with new applications being seen in the areas.

SS updates committee on GP CPCS numbers. In Q1 of last year, NEL were 11/69 for GP CPCS and are now 2/69. Clarifies these are figures for already claimed GP CPCS.
SS Clarifies NEL has high rates for BP and ABPM.

PkP brings meeting to a close at 5:15pm