



Minutes of a meeting of the BLMK and Northants LPC  
Wednesday 17<sup>th</sup> July 2025

**Attendees:**

**Nishil Shah** - Chair and Independent LPC Member (Retrolink Ltd) **NS**  
**Anne-Marie King** - Chief Officer **AMK**  
**Paul Fearon** - Treasurer **PF**

Ann-Marie Carrey Services and Engagement Lead BLMK

**Ingrid Cruickshank** - Services & Engagement Lead BLMK **IC**  
**Rita Patel** Services & Engagement Lead Northants **RP**

**Rishi Hindocha** - Independent LPC Member (Pharmacy Cherry) **RH**  
**Viren Bhatia** - Independent LPC Member (Kalki Health Ltd) **VB**  
**Amit Lakhani** - Independent LPC Member (Bishopscote Chemist) **AL**

**Lakhminder Flora** - LPC Member, CCA representative (Boots) **LF**  
**Gordon Ross** - LPC Member, CCA representative (Boots) **GR**

**Conor Steele** - LPC Member, AIMp representative (Jardines - UK Ltd) **CS**  
**Has Modi** - LPC Member, AIMp representative (Jardines - UK Ltd) **HM**

**Guests:**

**Mini Satheesh** Northamptonshire ICB – to Join online  
**Funmi Balogun** BLMK ICB – to join online  
**Athif Arif and Paras Maroo** – BLMK Community Pharmacy Engagement Leads – to join online  
**Anil Sharma** CPE East of England Representative – to join online

Number	Agenda Item	Actions
1	<b>Welcome and Introductions (NS)</b>  NS welcomed the members, confirmed that the meeting was quorate and made it known that the meeting would be recorded for administrative purposes only.	
2	<b>Apologies for absence (AMK)</b>  <b>Lakhminder Flora</b> - LPC Member, CCA representative (Boots) <b>LF</b> <b>Tahera Dewji</b> - LPC Member, CCA representative (Superdrug) <b>TD</b> <b>Mahesh Shah</b> - Vice Chair and Independent LPC Member (Sampson AP Ltd) <b>MS</b> <b>Mohammed Salloo</b> - LPC Member, AIMp representative (Peak Pharmacy) <b>MSa</b>	

3	<b>Declaration of Interests and Governance (all)</b>  None declared.	
4	<b>Presentation from Sponsor</b>  Presentation from our sponsor Rishi Johri (Integrated Care Manager, MediCom Healthcare)	
5	<b>Matters Arising (NS)</b>  NS reminded the Committee to please respond to emails. Response has been low and not within deadlines. This is unfair on the office team who need responses to account for all input and feedback on important items.  GR suggested the office team clearly mark in the subject line e.g. CPL FOR ACTION etc. IC reminded that in recent email (ie Toolkit) 'For Action' was added and still resulted in low replies  NS also reminded Committee members that it was previously agreed to reimburse attendance at Committee meetings as a full day. However, it has been noted that on occasion members leave the meeting early. Where that is the case, only hours attended will be remunerated.	
6	<b>Finance Report (PF)</b>  <b>Finance Committee:</b>  PF highlighted notes from the May and June meetings of the Finance Committee (distributed with the Agenda):  29 <sup>th</sup> May 2025: <ul style="list-style-type: none"> <li>• CPE self analysis audit has been done.</li> <li>• Salary review and bonus scheme to be discussed in a private meeting with Committee members after this one.</li> <li>• it was felt by the Committee that to use external funds for the Chief Officer's salary would require agreement from all stakeholders and a rewriting of the MOU, and the expectation would be that the funds would come out of the LPC's own, so this should not be pursued any further.</li> </ul> 24 <sup>th</sup> June 2025: <ul style="list-style-type: none"> <li>• The annual accounts were reviewed and are now ready.</li> <li>• A discussion around having a debit card for the LPC was had – this was not felt to be feasible, and funds will be made available against invoices (per the licence for Microsoft Office).</li> </ul> There were no questions around the activities of the Finance Committee.  <b>1. Management accounts for three months to 30<sup>th</sup> June 2025</b> (distributed with the agenda):	

PF advised that these were now in a new format, with two new tabs for Committee expenses and Payroll costs.

**Income:**

- On budget
- Interest slightly over budget due £188 from transfer of £100,000 from 32 day deposit account to a new 95 day deposit account
- Sponsorship budget for alternate meetings is £600, one from March meeting and one from May. The committee to discuss an uplift to this to £500 per meeting.

**Expenditure:**

- Payroll: costs are shown separately now, to provide clarity. On budget.
- Meeting costs: Room hire will be over budget as lunches were originally not included. Meeting fees will always be attendance related (eg £1500 lower today due to lower attendance) – forecast has been updated due to significant underspend.
- Insurance and Admin: Transcribing of minutes is costing more as the meetings are quite long – forecast has been updated.
- Levies and license fees: IT licences include payment for business Teams licence which was originally not budgeted for.
- Audit fee: in line with budget.
- Contractor Support: This contains all the June claims and is updated to reflect the current rate of expenditure.
- Capital expenditure: Purchase of a laptop for the Chief Officer.

Surplus is higher, reflecting the lower meeting attendance and Contractor Support. PF suggested that the surplus is kept under review and if there is a sizeable surplus for the year, a single month levy holiday for March may be considered.

There were no questions for PF.

**Bank Funds:**

- Total funds balance: £ 209,619

**External Funds:**

- Balance is £ 206, 911

**Committee Expenses**

PF advised that this has been introduced to ensure visibility per the Finance Checklist.

- Committee expenses have been paid up to the end of June.

**Payroll Costs**

PF demonstrated that these are now set out month to month.

Year-to-date figures are in the Management Accounts.

**External Funds**

- Incoming £ 4, 160

- Outgoings of £ 5, 041

There were no questions. PF demonstrated where travel expenses for non-Committee members were recorded.

The Committee agreed that the extra two tabs on the spreadsheet were helpful and provide transparency.

## 2. **Management accounts for y/e 31<sup>st</sup> March 2025** (distributed with the agenda):

PF referred to the single page **Financial Report** which he had prepared.

**Receipts:** £ 330, 000

**Expenditure:** £ 292, 684

**Surplus for the year:** £37, 316

**Bank balance at 31<sup>st</sup> March:**

£ 195, 799

Current account: £ 33, 321

32-day deposit account: £ 162, 478

**IAS Account for other stakeholders:** £ 207, 792

PF reminded the meeting that this amount is not an asset of the LPC as it is held in trust for other stakeholders. There are MOUs for each of the external stakeholders.

### **Receipts**

- Included are the levies which are collected from the Contractors at a fixed monthly sum.
- Bank charges were introduced for the last two months of the financial year at £8.50 a month (around £100 per year- PF advised that Northamptonshire LPC were paying around £300 per year).
- Total interest £ 5, 890, accrued from the 32-day deposit account - corporation tax will be paid on this. Transferred with agreement from the external stakeholders from the instant access account.

### **Expenditure**

- Salaries and NI £82, 400
- Other: Admin costs, leg and professional accounts.

PF then went through the completed Management Accounts to 31<sup>st</sup> March 2025, explaining the content (Committee Members' report, statement of

	<p>Committee Members' responsibilities, Statement of Changes in the general fund, Accounting policies, List of Employees).</p> <ul style="list-style-type: none"> <li>• PF advised that the year to 31<sup>st</sup> March 2025 was a full 12 month period, where as the year to 31<sup>st</sup> March 2024 was only a nine month period with the setting up of the new LPC on 1<sup>st</sup> August 2024.</li> <li>• Fees for audit and preparation of the accounts were also included.</li> <li>• PF confirmed that the Finance Committee had gone through these accounts and are happy to recommend their acceptance and approval by the committee.</li> </ul> <p>NB - Typo in AMC's name to be addressed.</p> <p><b>Accounts to be approved: Proposed by GR and seconded by CS. Agreement was unanimous.</b></p> <ul style="list-style-type: none"> <li>• <b>Action: AMK to apply Chair and Treasurer's signatures.</b></li> </ul> <p><b>CPE Finance Checklist</b> (distributed with the agenda):</p> <p>It was agreed that as the Finance Committee had already gone through the Checklist, the action points would be focused on at this meeting.</p> <p>Management of the Risks of Financial Crime and abuse:</p> <p>Questions:</p> <ul style="list-style-type: none"> <li>• Are the Committee members aware why the LPC is at risk of financial crime and abuse and of typical examples of potentially fraudulent activities eg via the Risk Register?</li> <li>• Does the LPC have policies and controls over access to and storage of electronic information?</li> <li>• Does the LPC have computer programs to protect its data systems from hostile interference?</li> <li>• Does the LPC have procedures for reporting suspicions internally and to the police?</li> </ul> <p>Response: It was agreed that these should be table for the next LPC meeting.</p> <ul style="list-style-type: none"> <li>• <b>Action: PF or AMK will check the CPE members area to see if any templates are available for these policies.</b></li> <li>• With regard to bank accounts - is the PIN and password regularly changed to mitigate the risks of compromise and security when individuals leave the LPC?</li> </ul> <p>Response: There are only three signatures which each have their own PIN and password and if any of them were to leave they would be taken off the bank mandate and would no longer have access.</p> <p>The Committee were happy with this response.</p> <ul style="list-style-type: none"> <li>• The contract of employment for the Chief Office needs to be issued.</li> </ul>	<p>AMK</p> <p>PF/AMK</p> <p>CHAIR</p>
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	<p><b>Response: Chair to action</b></p> <p>It was agreed that the Finance Committee should be able to report back to the next meeting that these points had all been dealt with.</p> <p><b>Other matters:</b></p> <p>Sponsorship Fee (currently £300):</p> <p>It was agreed to leave this at £300. AMK mentioned that she found it challenging to guarantee to a sponsor which members were going to attend LPC meetings.</p> <p>It was also agreed that for a big annual meeting a larger sum could be discussed, particularly if there was only going to be one sponsor.</p> <p>Note:</p> <p>The issue of the surplus was raised, and it was suggested that a discussion be had around providing more contractor support. The merits of various face-to-face events, time of year, day of the week and time of day, as well as the quality of speakers were discussed at length. Those present also discussed the ongoing importance of highlighting the profile of Community Pharmacy, especially with the advent of integrated Neighbourhood working.</p> <p>It was agreed that an annual, face to face event for January or February would be suitable.</p>	
	<p><b>Air Table, Questions, Members' Area</b></p> <p><b>Members' Area</b></p> <p>AMC advised that the Members' Area is now set up on the LPC website. Documents can be accessed here, such as actions and notes from meetings attended, Service Leads workstreams and so on. AMC demonstrated how to access this area.</p> <p>The Committee were invited to explore the area and provide feedback about information they would like to see on the page.</p> <p><b>Air Table</b></p> <p>It has been agreed that the LPC were going to look at a new CRM model to record details of stakeholders. AMC advised that she has been working with Lorna Girling from Thames Valley LPC on the program that they use.</p> <p>Air Table program is free to use with no ongoing costs (versus £8,000 set up costs from other providers) and the LPC administrators will have complete control over it. AMC has mocked up a version with support from Lorna.</p>	
7	<p><b>Funmi Balogun – Community Pharmacy Integration Lead – BLMK ICB</b></p> <p><b>Community Pharmacy Integration Update</b></p>	

### **Pharmacy Opt-In**

Around 130 pharmacies are now providing the three services.

### **BLMK Community Pharmacy Integration Dashboard**

FB also shared that she is working with Arden & GEM CSU to build a Pharmacy Integration Dashboard on the Athena platform to sit alongside other Primary Care data, such as GP data. This shows in real time what value Community Pharmacy activity is giving to the population, especially in supporting GP practices. FB explained that this tool will provide pharmacy-level data to support further engagement and will build trust and collaboration through Primary Care.

### **BLMK Contraception Pathway**

FB advised that she was aiming to increase the uptake of this pathway to 70%. Community Pharmacy engagement leads have been involved with project adoption at PCN and Place level. A system-wide approach with Public Health and Sexual Health clinic engagement has been adopted and pharmacy participation is currently 88.5%.

### **Community Pharmacy/PCN Engagement Leads**

These leads are joining in with Leadership sessions every month and provide highlight reports showcasing their work. They are maintaining a high level of visibility and engagement with multiple stakeholders and are collaborating closely with both general practice and community pharmacies. The role is being extended to March 2026.

FB also advised that she is looking at embedding Pharmacy First into Urgent Care settings.

She also mentioned MDOS, which is a directory of services for Community Pharmacies that will show what services are offered. This is in development.

NS asked about informal referrals to Pharmacy First – patient self referrals versus GP referrals. FB advised that this will take a while to establish but once TPP is integrated with SystmOne, there would be a new opportunity to discuss this. The strong shift generally towards digital will help with this and at the same time the Engagement Leads are regularly providing support and training in general practice.

The Chair thanked FB for her contribution to the meeting.

### **Mini Satheesh – Head of Pharmacy Integration and Workforce, Northamptonshire ICB**

#### **Pharmacy First**

Minor illness referral is not increasing but activity around the seven clinical pathways is increasing slightly, with the majority of patients going via 11 or self-referring. There are a lot of changes in GP practices with more

movement towards digital from analogue. MS agreed that once TPP is embedded there will be an opportunity to speak again with GP practices. .

### **Blood Pressure Checks**

MS reported a bit of a decrease in checks, which is probably seasonal, but an increase in ABPM in May.

### **Contraception service**

This is being taken up, with an increase in both initiation and continuation.

### **ICB Update**

It has been confirmed that Northamptonshire ICB is going to cluster with LLR ICB. They will remain as two separate entities but there will be some joined up working.

The ICB GP Action Plan submitted to the national team included Pharmacy First and IP Pathfinder.

The ICB has a generic email in place and there are regular bi-monthly meetings planned with Community Pharmacies.

A paper around the IP Pathfinder was presented to the Primary Care Operation Delivery Group and there has been a focus on secondary prevention collaboration.

### **IP Pathfinder – March to May Activity**

88 consultations have been delivered with 73% of those requiring prescriptions. The other 23% have been OTC medication or advice. Work is being done to ensure referrals are increasing. Patient surveys show that this service is reducing A&E and GP attendance.

### **ICB Neighbourhood and New Care model plan – linking with the 10-year plan & 3 SHIFTS**

GP practices are being familiarized with these plans.

#### **ICB Neighbourhood and New Care Model plan – linking with the 10-year plan & 3 SHIFTS**

##### **Hospital to Community**

- accessible - key to reducing health inequalities by offering walk-in care and advice.
- integral to neighbourhood health by offering more clinical services.
- Independent prescribing - greater responsibility in managing long-term conditions

##### **Sickness to Prevention**

- Contribute to preventative care through screening and vaccinations
- Key role in Women's Health and Health promotion

##### **Analogue to Digital**

- Be digitally connected to the NHS App and Single Patient Record.



Efficient, patient-centered healthcare system with pharmacies and pharmacy teams playing a crucial role in delivering accessible and preventive care

MS will be mapping Community Pharmacies with to the proposed Neighbourhoods. It was agreed that there is a key role in this for

	<p>Community Pharmacies to start networking and be proactive with GP practices.</p> <p>FB agreed, emphasising that Community Pharmacy is crucial to Primary Care and mentioned the success of the Engagement Leads in BLMK. NS also reminded the meeting that Community Pharmacy needs to deliver and recognised that the team is working hard to continue with signing up and supporting.</p> <p>The Chair thanked MS for her contribution to the meeting.</p>	
8	<p><b>PCN Engagement Leads Presentations:</b>  <b>Athif Arif (Medics/Oasis/Phoenix Sunrisers) and Paras Maroo (East/ North Bedford/ Hatters)</b></p> <p>Athif shared what he has achieved in the last six months:</p> <p>He described his methods for establishing key stakeholders and engaging them across the PCN, despite challenges such as reticence, conflicting working hours and barriers like miscommunication. He explained how each sector can help the other and created tools to support collaboration and realise the mutual benefits.</p> <p>At the face-to-face meetings he helped the stakeholders establish referral pathways. Post meeting, he continued the contact, encouraging further interaction with practices and community pharmacists and promoting Pharmacy services at every opportunity. He has spoken at PLTs, at the BLMK ICB Hypertension conference and at health awareness events such as Luton Health Fest, where with Paras they did around 400 BP measurements. He has been interviewed for The Pharmacist and Pulse PCN magazines about the positive impact of Pharmacy First.</p> <p>Paras also shared the work he has done in the last six months.</p> <p>He agreed that the role of the Community Pharmacy Engagement Lead has been to bridge the gap between GPs and Community Pharmacy.</p> <p>His achievements have been like Athif's; Paras has been able to establish strong relationships with the local PCN to develop business cases and streamlined workflows, using AccuRx to deliver information, and has delivered training sessions for referral to Pharmacy First. He has also raised public awareness of Pharmacy First through participation in outreach events and local radio features (Inspire FM, In2 Beats Radio).</p> <p>He reminded the meeting that Community Pharmacy needs to have good presence in the Neighbourhood conversations, and to ensure that individual pharmacies are equipped to support IP work, considering that from August 2026 there will be a new influx of Independent Prescribers.</p> <p>Challenges encountered included a variation in referral processes and a lack of capacity in pharmacy teams. Paras has suggested online booking facilities to be able to manage this more effectively.</p> <p>A discussion was had around the origin of the HealthFest – Athif also suggested that there was some work that could be done with the Council</p>	

	<p>for example contacting schools about Pharmacy First and providing information about the conditions that can be treated.</p> <p>FB explained the Place team – which is part of a move towards the Fuller programme. Each Place (Bedford Borough, Central Bedfordshire, Luton and Milton Keynes) has a lead who will engage with local activities, for example piloting QI projects. FB has encouraged the Engagement Leads to link in with them.</p> <p>The Chair congratulated Athif and Paras on their achievements.</p> <p>FB also acknowledged CS's contribution as an Engagement Lead.</p> <p>CS shared some of his experiences with the meeting, including the beneficial conversations he had had recently around the Contraception service.</p> <p>The Committee discussed the possibility of suggesting the use of external funds to further support the Engagement Leads project in Northamptonshire. It was also suggested that some mutual discussion amongst GPs in BLMK and Northamptonshire would be useful to support any expansion of the Engagement Leads work.</p> <p>AMC added that the Newsletter will contain a small article about Paras and Athif and she would like to continue with this as a way of celebrating Community Pharmacists.</p> <p><b>Action: AMK to find out whether an equivalent to HealthFest Luton exists in Northants.</b></p> <p><b>Action: CS to send the office team contact details of Place Leads.</b></p>	AMK CS
	LUNCH	
9	<b>Presentation:</b> <b>Anil Sharma, CPE East of England Representative</b>	
10	<p><b>CPE LPC Self-Evaluation</b></p> <p>The CPE LPC Self-evaluation document was discussed and population started. Once complete this will be uploaded to the LPC website and updated as progress achieved.</p> <p>In addition to deciding whether the LPC is currently red, amber or green, evidence will also have to be provided of the ratings.</p>	
11	<p><b>Other matters:</b></p> <p>NS asked the Services team to contact commissioners of any unresolved contract negotiations (Local Services eg Drugs and alcohol, smoking) and advise of a deadline for resolution e.g. end August.</p>	

	<b>Action: AMK to resend Skills Matrix to committee members who have not complied</b>  <b>Action: AMK to explore inviting a greater range of guests representing wider stakeholder groups to Committee meetings</b>  <b>Action: Apply workstreams to Members' Area</b>	AMK  AMK  Service Leads
14	<b>Concluding Comments</b>  NS thanked those present for attending today.	NS
	<b>Next meeting Wednesday 17th September 2025 (with AGM online)</b>  <i>Please submit Agenda items to AMK in a timely fashion.</i>	

Approved

Chair: *Nishil Shah*

Date: 25.7.25