

Members Present: Mr Bullock, Mr Wilson, Ms Dean, Mr Hames, Ms James, Mr Eason, Ms Palfreyman, Mrs Roman, Mrs Chahal, Mr Marshall, Ms Crompton

In Attendance: Mr Prokopa, Dr Hall, Mrs Lumby

In the Chair: Mr Bullock

Business Agenda - LPC Members

517-1	<p>Welcome and Apologies Apologies had been received from Ms Evers, Mr Ward and Mr Diep</p>
517-2	<p>Declarations of Interest Mr Wilson noted the change of ownership notifications. Members had no further declarations of interest relevant to the items on the agenda.</p>
517-3	<p>Minutes The open minutes of the LPC meeting on Wednesday 12th April 2017 were approved as amended; proposed Mrs Roman and seconded Ms James</p>
517-4	<p>Matters Arising</p> <p>a) RNIB – Dr Gill Hall Dr Hall explained that Ms Dean had raised concerns that a patient who was struggling with their medication, had been referred by a member of staff at RNIB, specifically to Boots Pharmacy for blister packs. The patient had visited Boots and was setup with blister packs and then returned to their usual pharmacy, Dean & Smedley to explain that they would now be having their medication from Boots. Dr Hall had emailed RNIB and raised her concerns that RNIB cannot be referring patient to specific pharmacies. Dr Hall reported that she was contacted by the RNIB Specialist Lead for UK Specialist Services. He conveyed his abject apologies and explained that this went against RNIB’s training policy and practice. He made it clear that they take this very seriously and would be organising further staff training to make sure all staff are aware that what they should be saying to people is speak to your pharmacy.</p> <p>b) MECS service progress Mr Prokopa explained that a meeting was now arranged on Friday 26th May and hopefully there will be an opportunity to move forward with this service. Ms James enquired about the wholesale dealers licence and Mr Prokopa confirmed that he had contacted PSNC about the concerns members had raised at the last meeting. Gordon Hockey from PSNC had responded that this does seem to be in accordance with the relevant legislation. There is a list of relevant products, which are all in the regulations and signed order supply, PGD and prescription supplies are retail supplies by pharmacy and the usual supply and recording rules apply.</p>
517-5	<p>Regulation</p> <p>a) Change of ownership notifications – Bestway Panacea Healthcare (Well Pharmacies, Bideford way and Market Place, Cannock) Mr Prokopa noted two more changes of ownership for Bestway Panacea Healthcare. Change of ownership application for Bestway Panacea Healthcare Limited at 7 Devon Court, Cannock, by Bestway National Chemists Ltd and Change of ownership application for Bestway Panacea Healthcare Limited at 57 Market Place by Bestway National Chemists Ltd. Mr Wilson explained that this all stems from the hub and spoke dispensing trial they are launching, as you can only register one pharmacy name, therefore they are migrating all pharmacies under one name.</p>

	<p>Mr Eason asked whether the LPC are notified when a Pharmacy closes as Click2 Chemsit appears to have closed. Mr Prokopa explained that we should be informed but that we only heard indirectly about Medescene Pharmacy closing last year. Mr Eason clarified that local contractors are aware of new patients previously from them. Mr Prokopa to raise with NHSE/PCSE regarding process and who is responsible in informing the LPC. Mr Eason also noted that if we are not informed then how can we feedback closures to the PSNC.</p> <p>Ms Dean highlighted that Pharmacy PGD is closing and this will affect Pharmacies using their PGDs.</p>
517-7	<p>Any Other Business</p> <p>Members had no other business</p> <p>Mr Prokopa highlighted that the Regional Medicines Optimisation Committee are recruiting members for each of their regional meeting. He explained that there is a place on each for a Community Pharmacist. Originally, they had a cut off date of last Friday for Pharmacists to apply, but because it wasn't particularly well advertised they have extended the cut-off date to 26th May at 5 pm. PSNC have suggested that even though they are looking for one Community Pharmacist per region we should promote as wide as possible. The LPCs are keen to see someone involved therefore Mr Prokopa to highlight in the News updates and on the LPC website.</p>

Strategy Agenda – Members Only

517-8	<p>Lead</p> <p>a) Funding Changes</p> <p>i. Campaign update This is covered in the item on the General Election Campaign</p> <p>ii. Quality Payments update Mr Prokopa explained that we only had one contractor who has said they won't be engaging with the quality payment scheme and noted some have prioritised activities, putting off HLP and safeguarding payments till November. Mr Prokopa reported that there were a couple of Contractors they couldn't get hold of despite repeated attempts. Dr Hall reported that there had been a very poor uptake for the HLC training event in Hednesford on 8th May with only 9 pharmacy staff attending plus one resit candidate. We have further HLC training planned for 6th June and asked that members encourage staff to attend. Also noted that Tania Cork from North Staffs and Stoke LPC has a HLC training event taking place in Keele at the end of this month, so there is an option for staff to attend training there if they are prepared to travel. Further Leadership training is planned for the 20th June in the Lichfield area, venue to be confirmed. Dr Hall explained that we have to provide HEE with an update on the number of pharmacy staff trained to date, which includes a register of pharmacy staff attending each training event and details of future training events.</p> <p>Ms Crompton enquired about a member of staff who had attended the 4-day leadership school prior to January 2015 and whether they would need to repeat the Leadership training. Dr Hall confirmed that it was mapped to the leadership model, but she would check with CPPE.</p> <p>Dr Hall to repeat emails regarding HLC training events and to offer places for pharmacies looking to train extra HLCs</p> <p>b) CHSL Provider Company The meeting report from the CHSL Scrutiny and Oversight Committee meeting yesterday was distributed for members to read. Mr Prokopa explained that CHSL has a service template that needs to be completed with our current services, decommissioned services and potential services as soon as possible.</p>
-------	---

There is one big hold up at the moment in the formation of the company in that the name of the company requires ministerial approval due to the words 'health service'. Therefore, currently the company can't have company literature and it can't have a bank account. Mr Prokopa explained that the CHSL directors will communicate directly by email with LPC Chief Officers and copy in SOC primary and secondary members. The CHSL Directors plan to attend at least one LPC meeting in each area once the brochure and business plan is available. There was some question about whether this was a good use of their time and resources. But most SOC members felt it would be a good idea in terms of recruiting potential contractor members and would be good to engage with the LPCs in terms of managing the work load and identifying opportunities. Five Directors so they are planning to attend LPCs in twos, for just a couple of hours max. Mr Prokopa noted that in terms of the loan funding that the LPCs have made, the loan funds are sitting in a separate CPWM account waiting to move to the new bank account when the name is approved and the company is formed. Mr Prokopa explained that the setup costs will be paying for the recruitment expenses, but from a LPC point of view it's our responsibility to pay for the time of our scrutiny committee members attending the SOC meeting; if LPC members do work on behalf of the scrutiny committee then the money will be reimbursed by the scrutiny committee. Mr Prokopa confirmed that we have billed CHSL for his time spent engaged in the recruitment of the five CHSL directors and that we have received payment. Mr Prokopa explained that CPWM traditionally meet on the second Tuesday of every month and have extended their booking of the meeting room forward by a couple of hours to accommodate the SOC meeting. Because there are 9 LPCs in CPWM and 12 for the CHSL footprint and as the 9 LPCs in CPWM fund the meeting costs already it was proposed that three additional 3 LPCs contribute for one meeting per year, which would be a one of cost of £150 to be paid by South Staffs LPC, North Staffs & Stoke LPC and Shropshire LPC. Members had no objections to the one of payment of £150 towards the cost of the monthly CHSL scrutiny and oversight committee meetings.

Mr Wilson enquired about the £3000 funding to be provided for training and development in type 2 diabetes. Mr Prokopa replied that currently we don't have further information other than each LPC area is being provided with £3000 to provide training and development in type 2 diabetes care and they had discussed whether this should be pooled and managed by CHSL to get better value.

Ms James asked when LAs and CCGs send out new contracts on a AQP basis, whether CHSL felt they had any role to play when the commissioner decide that this is the route they will continue to commission by. Mr Prokopa noted that this is probably a question we need to ask the CHSL Directors when they attend an LPC meeting. Ms James highlighted that from a West Midland perspective, Staffordshire is quite unique in that the LA's don't commission any services from Pharmacies now.

c) General Election campaign – see:

<http://psnc.org.uk/psncs-work/communications-and-lobbying/community-pharmacy-in-201617-and-beyond/>

Mr Prokopa explained that the LPC had received a PSNC news alert about the general election on the 26th April. In response, there was an email sent via the LPC Secretaries Yahoo Group from the CEO of Croydon LPC, which had noted that along with many other Community Pharmacists, he had previously hosted would be MPs in local Pharmacies to draw their attention to what valuable NHS service Community Pharmacy provides and had received clear support from their local Conservative MP. However, the Conservative MP had then voted for

	<p>the cuts to be implemented. Felt that without the actual evidence of mass closures there was nothing new to put to local councillors that hasn't been raised before. Mr Prokopa noted that the email had attracted some support and that Graham Archer had responded to concur that this reflects the advice they had received from their PR agency and that there is no mileage for them locally unless they can highlight a purely local issue on which people can vote. Zoe Smeaton from PSNC had come back with the company line in that every opportunity is a good opportunity to promote Pharmacies. Mr Prokopa had consulted with Dr Hall and Mr Bullock and they all had concerns that if we spend a lot of time on this again are we likely to see a change of local MPs or a change in their view of Community Pharmacy. Mr Prokopa asked members for their views on this and members concurred that there was little to be gained by spending more time promoting pharmacy.</p> <p>Mr Prokopa also mentioned that it would be useful to know about Pharmacy closures, even if that is on a confidential basis.</p> <p>Mr Wilson felt that contractors will expect us to contact local candidates even if we don't actively pursue it.</p> <p>Mr Prokopa to write or email all candidates regarding the value of community pharmacy and offer pharmacy visit. Mr Prokopa explained that we haven't heard anything yet about the Judicial Review and we have no date as to when we will hear, but noted that the courts were shut for ten days over Easter.</p>
517-9	<p>Be Effective</p> <p>a) Correspondence & Communications Mr Prokopa reported that everything highlighted is covered in the agenda; there were no questions on remaining correspondence.</p> <p>b) Finance Members had no question on the Business Accounts for April 2017. Mrs Lumby mentioned that we are no longer paying tax on the service account at source, so the interest on this account will need to be declared to HMRC and will be subject to corporation tax. Mr Prokopa advised members that we are planning to hold the AGM on the evening of the September LPC meeting which is Wednesday 13th September.</p> <p>c) Sub-committee meetings</p> <p>i. Finance Mr Wilson informed members that this meeting was not held because we do not have the result of the Judicial review.</p> <p>ii. Services & Communications Dr Hall noted that the terms of reference states that the committee membership should represent all contractor groups but currently we do not have an AIM member. Mr Prokopa to review Services & Communications subcommittee membership. Dr Hall provided a summary of the meeting, explaining they had discussed the patient facing website and keeping it up to date and found some areas that weren't particularly patient friendly. They had discussed Twitter and Facebook and Mr Eason is going to look at the patient facing website to see if we can track who is visiting the website. Dr Hall noted they have a meeting planned later this month with North Staffs LPC to discuss the media strategy going forward. Also discussed MailChimp and how we get more people to view their emails as only third of people read our emails currently. Mr Eason had recommended having a guide for Locums and new pharmacists on the LPC website, so Dr Hall will look at adapting the existing service overview document. Dr Hall also mentioned that she had been contacted by Estelle Marshall from South Staffordshire and Shropshire Healthcare NHS Foundation</p>

	<p>Trust and the new Sexual Health Service Team, as she wants to meet as soon as they have finalised their plans. Not confident that we will get the Chlamydia Testing service back as a paid service.</p> <p>Mr Prokopa reported that he had presented his proposal for the Wound Dressing service to the Service & Communications committee to see if it seemed reasonable and explained that one of his actions from the last LPC meeting was to come up with an outlined service for the Wound Dressing Formulary. He explained that we have 3 different bodies involved in this as stakeholders. The GP partnership AAR and Pat Staite, who is very supportive and was concerned that the 2 proposals discussed at the last meeting posed a threat to Community Pharmacy. SSoTP and Bina Mistry, who has been quite supportive of Community Pharmacy and wants to keep involved and engaged with Pharmacy. And the CCGs who are supportive, but are looking very much at the bottom line as to what they have got to achieve as part of their QIPP agenda. We have been given the opportunity to put something together that would keep the supply function within Community Pharmacy. For the majority of dressings this wouldn't be by FP10s but by SLA and Mr Prokopa explained that the service would mirror the Wound Formulary (traffic light system) approach and would be managed on PharmOutcomes. The Community practice nurse will record formulary products required on PharmOutcomes. The Pharmacy receives the order via PharmOutcomes, ordered products are then delivered to the nurses' station to try to minimise the costs or in some cases direct to the patient, within an agreed timescale. The red formulary products will go through the tissue viability nurse for them as prescribers to write FP10s. Mr Prokopa highlighted that this provides an opportunity for Community Pharmacy to remain part of this service of about 6,000 items a year in Rugeley. He also mentioned that Bina Mistry had suggested they may be able to do something to provide an amnesty for some redundant stock not in formulary. Would include some training and development, therefore more interaction between community nurses and community pharmacists over wound care and also some sort of reflection of the extra cost and work involved. The service committee were supportive of the idea and Mr Prokopa asked members if they had any questions or comments. Mr Prokopa to write up draft proposal over the next week. Mr Wilson questioned whether delivery would be once a week? Mr Prokopa confirmed that his aim would be to limit the impact on community pharmacy but still keep Community Pharmacy involved and managing the service. Mr Prokopa noted that the intend outcomes are to keep Pharmacy engaged, improve Community Pharmacy knowledge, understanding and interactions with dressings and hopefully give Community Pharmacy the opportunity to get rid of some redundant stock.</p> <p>Mr Prokopa added that Sharuna Reddy has mentioned some other items that are on the agenda for QIPP, which are sip feeds, continence and stoma.</p>
--	---

Strategy Agenda – Open 4.00pm

517-10	<p>Maximise Opportunities</p> <p>a) Meetings Reports</p> <p>Exec Meeting – Ms Dean reported that at AIM they were told that the cost per item had increased in some place by 10 times more than expected. PSNC are investigating, going through each item in the drug tariff, so therefore, there has</p>
--------	---

	<p>possibly be an underpayment in January and an under advance in March. Ms Dean confirmed that they had certainly noticed a bigger drop than expected and in March they got more than they expected. Mr Prokopa agreed and highlighted that the advances were on the old system and the cuts were on the new system, which was one of the issues. Mr Eason and Mr Bullock agreed that they had similar issues with payment amounts.</p> <p>PNA Meeting - Mr Bullock felt that the PNA will be an interesting document and that if contracts do disappear then it would be a dynamic document. Mr Prokopa noted that any changes to provisions can be amended by a supplementary statement, but whether that has any impact on the PNA will depend very much on the local situation.</p> <p>Ms James noted the comment about the stop smoking service being identified as a pharmaceutical need on the PNA and questioned that if there isn't a commissioned service then what is the point in putting it in there? Dr Hall explained that this makes it harder for PH not to provide a service, if the service has been identified as a need.</p> <p>UECN Project – Mrs Chahal enquired about the UECN project. Mr Prokopa explained that in the Urgent Emergency Care network there were two pots of money, one was about improving inter professional relations and working, which we applied for and were supported by the UECN to upskill a small cohort of Pharmacists. Particularly looking at the four areas that are the highest attendees at A&E, which are respiratory, minor bumps and bruises/grazes, dermatology and ENT. Mr Prokopa reported that we have been awarded £28,000 to take this project forward and that when we looked at the relative costs we decided to concentrate on ENT, maybe respiratory and maybe minor eye ailments for the under twos. Looking to get this launched in September with training provided on enhanced clinical skills and history taking; training to be provided by one of two organisations. LPCs will be seeking expressions of interest from suitable pharmacies to take that forward, with probably around ten pharmacies involved initially across the whole of the Shropshire and Staffordshire area. Dr Hall noted that we will train 2 Pharmacists per Pharmacy so that the service can be sustainable throughout pharmacy opening hours.</p>
517-11	<p>Support Contractors & their Teams</p> <ul style="list-style-type: none"> a) HLP Update Covered already on the agenda b) CPPE Update Dr Hall reported that CPPE have a type 2 Diabetes focal point coming up at the end of this month and also a Summary Care record event in October, ready for QP point in October and this will be a collaborative event with the LPC. The idea is to give Pharmacists confidence in using SCRs, how to access and use SCRs and ensure correct record keeping and the confidentiality of patient data. c) Patient Facing Website Dr Hall reported that she is in the process of updating the spreadsheet of who's signed up to what services. She explained that some Pharmacies haven't signed the new SLA for the Pharmacy First Emergency Supply Service and Pharmacy First Impetigo and Simple UTI Service and if they haven't signed up by the 12th May then she will be removing them from PharmOutcomes. Dr Hall highlighted that the list of service providers that GP surgeries get, is based on the SLAs received by Andy Pickard at the AT. Dr Hall to issue a further reminder regarding SLA returns for Pharmacy 1st UTI & Impetigo and emergency supply services in the next LPC News Update d) New Standards for Pharmacy Professionals

	<p>Mr Prokopa reported that we have received an email from GPhC offering to attend one of our LPC meeting to discuss the New Standards for Pharmacy Professionals</p> <p>Ms Dean suggested that maybe they could attend the AGM on the 13th September 2017. Mr Prokopa agreed that we should consider this as an option. Mr Prokopa to invite GPhC to come to the LPC meeting and/or AGM to discuss new standards and revalidation</p>
517-12	<p>Build relationships</p> <p>Commissioner Reports: Mr Prokopa noted that we had not received any commissioner reports to date.</p> <p>Dr Hall explained that following the meeting about PH campaigns, there will be a list of six campaigns, the first of which is 'Be clear on Cancer Respiratory'. There will be a new PharmOutcomes Module and at the end of the campaign Pharmacies will be able to record the data on PharmOutcomes to provide a full electronic trail. Mr Bullock felt that we need to highlight this new requirement to record data on PharmOutcomes to Contractors and Dr Hall confirmed that she had already sent out an email but she will be reminding Contractors again.</p> <p>Ms Dean asked if they will be providing resources for the campaigns or will Pharmacies have to get their own. Dr Hall explained that there will be a link which enables Pharmacies to pre-order their campaign resources, these are free of charge and will be delivered to the pharmacy. There will also be video briefings available, which pharmacy staff can access.</p> <p>Mr Prokopa reported that Pharmacy 2U was highlighted again through the LPCs secretary yahoo group, but also in terms of other internet pharmacies as well. Specifically, a comment about the envelopes which shows the providing NHS services logo and that a number of patients are being misled by the literature and signing up for their services. Mr Prokopa confirmed that the content of the letter meets the current guidelines and many patients are signing up not realising that their medicines will not be delivered by their local pharmacy. Mr Prokopa stressed that CPs need to be proactive to make sure that patients only sign up to the distant selling pharmacy's services if they do not want to get their medicines from their local pharmacy anymore.</p> <p>Mr Eason highlighted that two patients are having all their simple medications from Pharmacy 2U and all the complicated scripts are being sent to the local pharmacy. In this case, definitely patient led as they are keen to continue receiving their medication from the distant selling pharmacy.</p> <p>Ms Dean detailed a letter from a disgruntled patient to Pharmacy 2U in response to their nominated pharmacy being changed to Pharmacy 2U.</p> <p>Mrs Chahal mentioned she had contacted Pharmacy solutions to see where patients nominated pharmacy have changed as some patients are unaware that they have signed up to another pharmacy when they have come to collect an acute prescription.</p> <p>Mr Wilson reported that where acute prescriptions are going via Pharmacy 2U, they are then spending an increasing amount of time chasing these prescriptions and it can take up to 3 days to get the script back.</p> <p>Dr Hall asked that where Community Pharmacists are aware of GP practices who are inadvertently displaying show material from distant selling pharmacies then can they let Amanda Alamanos know.</p> <p>Mr Prokopa to highlight Pharmacy 2U and other internet pharmacy issues in the LPC News update to encourage proactive engagement with patients to reduce impact by increasing awareness, increasing nominations for EPS and checking local surgeries for Pharmacy 2U advert. Mr Prokopa to source relevant wording to inform patients, which pharmacies can use in their pharmacies and in their pharmacy leaflets.</p>
517-13	<p>Any Other Business</p> <p>Dr Hall reported that there are few problems with PharmOutcomes at the moment, which she is currently working through - No claims have been generated for Pivotell for</p>

	<p>April, the Pharmacy 1st - Emergency Supply module has gone into commissioner preview, which means the funding changed. Pharmacy First - UTI where the patient has a medical exemption PharmOutcomes has invoiced the Pharmacy and taken the pharmacy levy off, so will need to look at this and make adjustments where required. Also, PharmOutcomes can't deal with price concessions, as they go on DMD and the DMD isn't amended so we will have to put through adjustments for these next month</p> <p>Mr Eason explained that he had an issue with 12-month batch repeats on EPS as allowing only a limited time, less than 28 days to make the claim after last supply before this is wiped of the spine. Mr Prokopa asked Mr Eason to send him the details by email and he would take this up with NHS Digital</p> <p>Mr Eason highlighted the Falsified Medicines Directive Newsletter (FMD) as interesting and worth reading and also quite concerning. Ms Dean mentioned that despite Brexit the FMD will come into force in the UK and will impact on pharmacy operations.</p> <p>Mr Eason mentioned that he was speaking to some patients from Sheffield who have to use a POD system now, which everyone hates. Patients can only ring between 10am and 3pm and as this doesn't work for this patient he has have gone from having a monthly script to having a 3-month prescription</p> <p>Ms James explained that a pharmacist friend who is also a vocal coach has done some training to accredit her to provide singing lessons for people with Parkinson's disease, Respiratory conditions and Alzheimer's and is also working on a cancer accreditation. She is based in Atherstone but was looking for information on how well these sessions would be received in Tamworth and therefore asking if anyone had any information. Mr Eason to investigate further.</p> <p>Mr Hames reported a couple of issues from the latest Drug & Therapeutics Committee meeting at Queens Hospital Burton meeting he attended - a safety alert regarding the prescribing of valproate preparations in female children, female adolescents, women of childbearing age, and pregnant women. Mr Prokopa to highlight on the LPC website and in the next News update, with reference to relevant information. Other issue around Glargine insulins – biosimilar but not bio-equivalent as Queens Hospital Burton are initiating prescribing by brand rather than generic name to ensure that patients are not affected by any change to brand supplied. Mr Prokopa asked Mr Hames if he could provide a meeting report and would highlight on the LPC website and in the next News update.</p> <p>Apolgies received from Ms Dean and Mr Bullock for the next meeting.</p>
--	--

	<p>Next Meeting Wednesday 14th June 2017 in Conference room at The Museum of Cannock Chase, Valley Road, Hednesford, Cannock</p>
--	--

LPC Meeting – Wednesday 10th May 2017
Appendix 1 - Communications Report

Agenda items in **BOLD**

NHSE North Midlands Communications

Received

- a) **25/04/2017 Change of ownership application for Bestway Panacea Healthcare Limited at 7 Devon Court, Bideford Way, Cannock, Staffordshire, WS11 1NP by Bestway National Chemists Limited.**
- b) **25/04/2017 Change of ownership application for Bestway Panacea Healthcare Limited at 57 Market Place, Cannock, Staffordshire, WS11 1BP by Bestway National Chemists Limited.**

PSNC Communications

Received

- a) 13/04/2017 PSNC News: LPC News: Pharmacists can support those with complex needs; Digital training; LPCs shortlisted for awards; Capita update; SCR 'go live' process

- b) 20/04/2017 PSNC News: General election work | Quality Payments declaration | Indicative income tables | Dispensing & Supply update | Health & Care Review
- c) 21/04/2017 PSNC News Alert: One week left to review your NHS Choices profile!
- d) 24/04/2017 PSNC News: April 2017 Price Concessions/NCSO update
- e) 25/04/2017 PSNC News: LPC News: Fine tune your media handling skills; Share your views for LPC Conference 2017; Upcoming LPC Treasurers Meeting
- f) 25/04/2017 PSNC News Alert: Last chance to register for social media webinar
- g) 26/04/2017 PSNC News Alert: Quality Payments - updating NHS Choices
- h) 26/04/2017 PSNC News: LPC News Alert: General election campaigning**
- i) 27/04/2017 PSNC News Alert: One day left to review your NHS Choices profile
- j) 27/04/2017 PSNC News Alert: Quality Payments: Contractors who have not yet received editing rights for their NHS Choices profile
- k) 28/04/2017 PSNC News Alert: Quality Payments: April review point
- l) 28/04/2017 PSNC News: Quality Payments: Contractors who are experiencing technical difficulties accessing and/or editing their NHS Choices profile
- m) 28/04/2017 PSNC News: Quality Payments support|Social media webinar on-demand|Engaging with patients with learning disabilities|Apply for Medicines Optimisation Committees
- n) 03/05/2017 PSNC News: PSNC News Alert: Quality Payments: NHS BSA online declaration
- o) 05/05/2017 PSNC News: LPC News Alert: Campaigning website launch**
- p) 05/05/2017 PSNC News Alert: General Election resources hub**
- q) 05/05/2017 PSNC News: LPC News: Coaching and mentoring skills training; PharmOutcomes MasterClasses; How to run a successful ACO**
- r) 08/05/2017 PSNC News Alert: Quality Payments: Less than one week left to make your declaration!**

Other Communications

Received

- a) 13/04/2017 Respiratory Commissioning Platform: Your invitation to The Respiratory Commissioning Platform Workshop Series: register now
- b) 20/04/2017 The Checkit Team: Minimise the threat of losing temperature critical samples
- c) 25/04/2017 DrugSafetyUpdate: valproate and developmental disorder.
- d) 27/04/2017 The Checkit Team: Save cost minimise risk
- e) 27/04/2017 PharmOutcomes Support Team: PharmOutcomes Upcoming MasterClass Dates 2017
- f) 02/05/2017 Vicki Lockett, Healthwatch Staffordshire Engaging Communities: Healthwatch Advisory Board Public Meeting - 18th May 2017
- g) 05/05/2017 Duncan Rudkin, GPC: New standards for pharmacy professionals: in effect from 12 May**
- h) 08/05/2017 HMRC Notice to deliver Company Tax Return period 01 April 2016 to 31 Mar 2017**

10(a) Appendix 2 – Meeting Reports

Chief Operations Officer:

- a) 25/04/2016 UECN Funded Project Task & Finish Group
- b) 26/04/2017 Staffs & Stoke EPS Forum
- c) 28/04/2017 PNA Working Group Meeting v2
- d) 03/05/2017 STP Pharma Waste Task & Finish Group
- e) 03/05/2017 SSOTP Rugeley Dressings

Service Development Officer

- a) 20/04/2017 NHSE Primary Care Workforce Group
- b) 28/04/2017 APG Meeting
- c) 03/05/2017 HLP and PH Campaigns and other NHS Pharmacy issues

Other

a) 06/04/2017 Exec Meeting

10(b) Appendix 3 – Finance

a) Business Accounts – April