

**Members Present:** Mrs Chahal, Mr Marshall, Mr Eason, Ms Evers, Ms Palfreyman, Ms Dean, Mr Kapur,  
Mr Ward, Mrs Roman, Mr Wilson

**In Attendance:** Mr Prokopa, Dr Hall, Mrs Lumby,

**In the Chair:** Mr Bullock

**Business Agenda - LPC Members from 1.30pm**

1017-1	<p><b>Welcome and Apologies</b> Apologies had been received from Mr Hames and Ms Crompton.</p>
1017-2	<p><b>Declarations of Interest</b> Members had no declarations of interest relevant to the items on the agenda.</p>
1017-3	<p><b>Minutes</b> The minutes of the Annual General Meeting on the evening of Wednesday 13th September 2017 were approved as amended; proposed Ms Dean and seconded Mrs Chahal. The open minutes of the LPC meeting on Wednesday 13th September 2017 were approved as amended; proposed Mrs Chahal and seconded Mr Kapur and the confidential minutes of the LPC meeting on Wednesday 13th September 2017 were approved; proposed Mrs Roman and seconded Ms Dean.</p>
1017-4	<p><b>Matters Arising</b> No matters arising</p>
1017-5	<p><b>Regulation</b></p> <p>a) PNA Update Mr Prokopa reported that the draft PNA had been approved by the HWB board and they are just collating the final information on Stakeholders. They've asked for email addresses for contractors, which Mr Pickard will provide. The consultation document is due to go out this week for a 60-day consultation period.</p> <p>b) Notifications:</p> <p>i. Change of Ownership – Whittington Pharmacy Mr Prokopa reported that the change of ownership for Whittington Pharmacy has been approved by NHSE. Mr Bullock confirmed that ownership will transfer over on 6<sup>th</sup> November and that Tean Pharmacy Ltd are the new owners Mr Prokopa explained that when a contractor relinquishes their business they would normally resign from the LPC. Mr Prokopa proposed that as we are only 5 months from having a new LPC and with LPC Elections 2018 starting in December, that with committee approval, Mr Bullock should remain as a non-member chair and he asked for members thoughts? Members accepted proposal for Mr Bullock remain as a non-member chair.</p> <p>ii. Return to Pharmaceutical List – Exley Pharmacy Mr Prokopa explained that Exley Pharmacy were part of the ESP scheme and that when NHSE withdrew the LPS contract, they didn't receive their notification to be withdrawn from the scheme. Therefore, NHSE granted them a further 6 months to decide what to do and they decided to apply to return to the Pharmaceutical list, which Mr Prokopa was pleased to announce has been granted. Ms Evers asked if the LPC had been notified of the sale of Shenstone Pharmacy to MW Phillips. Mr Prokopa confirmed he was aware that the Pharmacy was on the market but hadn't received formal notification of change of ownership. Mr Prokopa to check with NHSE.</p>

1017-7	<p><b>Any Other Business</b></p> <p>Ms Dean asked if members had seen the Pulse article?</p> <p>Mr Prokopa explained this was article by Dr Patrick James McNally on branded generics which points out that although it looks on paper that the pharmacists are making money out the NHS, this is all part of the funding settlement and they should leave well alone and not take part in. Mr Prokopa felt it was a very well thought out article and balanced, which refers to NICE guidance and PSNC funding statistics.</p> <p>Mr Prokopa noted that he will be sharing this article with LPC members, CCGs and others.</p>
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**Strategy Agenda – Members Only**

1017-8	<p><b>Lead</b></p> <p>a) Funding Changes</p> <p>i. Campaign update</p> <p>Mr Prokopa noted that he had nothing to report in addition to what was mentioned at the last month LPC meeting and confirmed that we are still waiting to hear whether PSNC will appeal the judicial review. Ms Dean confirmed that they had heard nothing further at the AIM Superintendents meeting.</p> <p>ii. Quality Payments update</p> <p>Dr Hall reported that she had to cancel the HC event in Burton, because she only had four people booked on. The HC event in Rugeley went ahead and thirteen people attended. The leadership event at Keele was booked for forty people, they had eighteen booked to attend, so decided to go ahead with the event, but only thirteen turned up on the day. Therefore, in light of this, the LPCs have agreed that we have probably delivered as much training as is required for now.</p> <p>Dr Hall highlighted the issue with the Public Health website where if you registered with PHE to be a HLP you should be on the Map, but if you were already a HLP, then she has been informed that these HLPs are not on the map. Dr Hall noted that she is advising contractors to check on the PHE map to ensure they are registered.</p> <p>Ms Dean confirmed that one of their branches had claimed a quality payment for this quality criteria in April, but when she checked the register they weren't on there. Although on contacting PHE it was quite simply and quickly sorted, within a couple of days.</p> <p>Dr Hall explained that she had received an email from HEE to the effect that they were aware that across the West Midlands none of the LPCs had spent all of the HLP funding. They were proposing that LPCs should run six world café events for 100 attendees per café, with the idea that we get HLPs and Health Champions together and they wanted to know how much money we have left. Dr Hall further explained that at the LPN meeting they had been concerns that if we run these events we would never fill them, so we are trying to come up with some clever ways of spending this money, which is related to HLP. There had been a suggestions of funding Pharmacies to have the equipment and resources that they need to go out in the community and carryout for example blood pressure checks as part of health awareness and to promote HLPs.</p> <p>Mr Ward suggested the option of induction training for new team members as our current HC staff members will change.</p> <p>Mr Prokopa noted that in the email they had said that if further funding was required for these world café events, then they would be able to find it, so possibility of further funding being available for training.</p>
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Ms Dean suggested promotional material such as HLP banners and window stickers. Dr Hall to check with Tania Cork as to whether we have any HLP banners or window stickers left.

Mr Bullock asked whether there was a timescale on spending the money?

Dr Hall responded that they wanted us to do a health café event every month for the next six months so felt they would want us to use the money up by then.

Mr Ward noted that there is no money in the current climate to send staff to events in the day, or the resources to lose a member of staff.

Mr Wilson asked if it could be used to fund a newsletter?

Mr Prokopa asked if this could be used to fund in-house training.

Mr Ward agreed and asked if we could fund someone to do pharmacy visit.

Ms Dean noted that one LPC had paid a member to visit pharmacies and encourage uptake.

Mr Prokopa wonder if it might be manageable to send someone to visit pharmacies, as on the basis of 100 pharmacies, if they visited 4 pharmacies a day that would be 25 days' work

Mrs Lumby to calculate what funding we have left

Dr Hall reported that at the LPN meeting she had been advised by Manir Husain that the LPN have £50,000 worth of funding available for projects and anyone who is part of the LPN can submit tenders for future projects.

Ms Dean explained that there had been some concerns at the AIM Superintendents meeting about the preparations that people are putting into Patient Safety reporting and that there may need to be some support offered. Mr Prokopa to highlight this to Contractors in the LPC News Update

b) CHSL Provider Company – Scrutiny & Oversight update

Mr Prokopa reported that he attended the SOC meeting yesterday and shared a copy of the meeting report with members. Mr Prokopa highlighted that one of the key issues discussed with CHSL directors is the focus on repaying LPC loans on time, at the expense of getting services commissioned through Pharmacies. The standard terms based on the PSNC template is on a 2-year basis with the first repayment due July 2019, a further payment in September 2019 and the final payment in January 2020. Also, there was a bit of an impasse on the proposal that CHSL would charge LPCs for time spent on tenders or services in that LPC area. SOC members were concerned that LPCs had already provided the seed funding for this and that LPCs are providing a lot of the support in terms of the local knowledge. So, it would be a little difficult to justify charging LPCs even more. Therefore, it was suggested that we give CHSL a longer repayment term, to enable them to focus on getting services commissioned rather than concentrating on repaying the loan. There were suggestions of a longer repayment term of 5-7 years, but inevitably there will be a potential impact on LPC finances? Mr Prokopa felt there should be some repayment start date agreed, even if CHSL are not repaying all the loan straight away and in return for that extended loan period they shouldn't charge the LPC for time spent on tenders. The directors had clarified that they weren't intending that LPCs should pay more money, but that it would come off the loan repayments, however they felt that the conclusion was that the LPC wouldn't pay. Mr Prokopa explained there were 2 tenders that CHSL are actively involved in and that there was confidence at the SOC meeting that there is enough out there or

coming up for renewal that CHSL could more than deliver a good return on the investment that people are making.

Mr Prokopa asked for a steer from the LPC on extending the loan repayment terms.

Dr Hall felt it was fair to say that it takes time to build relationships and links across the West Midlands, but also questioned in the meeting notes the secrecy around new services.

Mr Wilson explained that at the previous SOC meeting he attended there had been some concerns about the secrecy around services being tendered for because SOC are there to monitor CHSL. But CHSL felt it was part of the tender process and should be private and confidential as people with a vested interest could try to undercut. He explained that the SOC are not looking for details just a basic outline, this has now gone into the terms of reference and when the draft is finally signed then CHSL will have to provide a basic outline of service tendered for.

Mr Prokopa explained that the key things for them will be that they haven't got to consider in 21 months' time they must pay back the loan payments as per the legal agreement. This will give them the freedom to build services, so they generate income. Mr Prokopa confirmed that the company formed on the 6<sup>th</sup> July and it has been agreed that their financial year will start from 6<sup>th</sup> July 2017 to 5<sup>th</sup> July 2018. Mr Prokopa further explained that the other key item they agreed is they must have an annual meeting to appoint the directors each year. At the AGM 3 directors will be appointed as members directors from those who have paid members fee and 2 directors will be LPC representatives and they will be appointed by the SOC. The SOC have given them a 3 month window for holding the AGM in order to prepare the accounts for the AGM.

Mrs Lumby highlighted the financial implications - at the moment we are running at £10,000 below our six months reserves and therefore have about 5 months reserves. At the end of this financial year we have budgeted to close with a deficit of around £6,000, which will mean we only have about 4 ½ months reserves going forward into 2018.

Ms Dean felt it was very difficult to know where we will be in five years' time as we don't know what our funding will be from the middle of next year. So, it's very difficult as contractors to say extend the loan, without some proviso that there is money coming back in sooner rather than later.

Mr Ward asked if we are talking about ensuring that we have the means to call in the loan repayment and whether there would there be an interest rate?

Ms Dean also noted we have no idea what contractors will do when the membership fee goes up to £400.

Mr Wilson felt there is a real danger if we stick to the 2-year repayment that this will be the main focus for CHSL, rather than securing an income.

Mr Bullock stressed that in principal today we need to make a decision on this and asked if everyone thought this was a reasonable starting point?

Mr Ward didn't feel that he was informed enough to accept that.

Mr Prokopa explained that all we need at this stage is an agreement that we can talk about restructuring the loan payments to allow them to meet the objectives of their long-term strategy, which is bringing in new service to community pharmacy.

Ms Dean felt what Mr Prokopa was proposing was okay, but that we actually need to have a bigger conversation.

Mrs Chahal asked how much the loan was in total.

Mr Lumby reported that last year we loaned £4,020 and this year we will be loaning a further £6,030 so the total loan is £10,050.

Ms Dean and Mr Bullock also feedback issues with the website signup page.

Mr Prokopa to check on payment authorisation issues and report website issues to CHSL. It was agreed that Mr Prokopa will report back that members had agreed yes in principle, however need assurances on the repayment of the loan starting at 2 years; interest to be paid on the loan; and whether we will be able to call in loans if any problems with CHSL?

c) GDPR Update

Mr Prokopa reported that as advised he had emailed PSNC about the GDPR and received an email back from Zoe Long to say that Gordon Hockey has been considering this and that PSNC are going to be discussing this at the October meeting. They expect some preliminary advice to be available following that discussion later this month.

Mr Ward asked if any services are commissioned in our area that are claimed for or commissioned outside of PharmOutcomes?

Mr Prokopa confirmed that all the services in South Staffordshire are commissioned and claimed through PharmOutcomes.

d) NHS Consultation

Mr Prokopa asked if members had looked at the NHS consultation?

Mrs Chahal had concerns that some items are expensive such as co-proxamol.

Mr Bullock had concerns regarding Liothyronine as they have many patients who are stable on it and it might upset a few patients.

Mr Marshal noted that patients are often on Liothyronine because they are intolerant of thyroxine.

Mr Prokopa felt that it wasn't a particular equitable process and doesn't appear to reduce health inequalities and seemed more likely to increase them and that when you read the guidance, it seems to be pointing CCGs in a certain direction. It talks about certain things they should consider deprescribing and other things they should only prescribed in cooperation with specialists, therefore it seems to contradict itself. He noted that it also talks about savings on the drug budget and how it will be reinvested and he wondered about the impact on the retained margin and how will that affect Pharmacies and also branded generics and the impact on category M. He further noted that the proposed guidance does not remove the clinical discretion of the prescriber, so the GP can prescribe it anyway. Finally, he had concerns about the impact financially if some GPs continue to prescribe some items and whether some products will go to a niche provider and therefore the price could dramatically increase.

Mr Prokopa noted that PSNC or Community Pharmacists were not involved in the proposal. He explained that the consultation ends on the 21st October and PSNC are considering this at their meeting today and are going to publish their response.

Mr Ward asked whether we should be asking our contractors to review their stock levels of these items?

Mr Prokopa highlighted that CCGs are being encouraged to have local conversations and Dr Hall confirmed it has been discussed at the MOG meeting.

Mr Prokopa asked whether we want to make an official LPC response?

Mr Bullock felt that the most helpful thing we can do is inform our contractors.

Mr Prokopa pointed out that the consultation talks about the resources needed to implement guidance and talks about the impact on practices as they need to talk to patients about the reason for changes. Mr Prokopa felt this often fell to Pharmacies and asked whether we need to highlight? Members agreed we should highlight this.

Mr Prokopa mentioned that at the end of the consultation it refers to medicines which are available to purchase over the counter (OTC) and whether this might have a bigger impact on Pharmacy and what is going to be the impact on the Pharmacy First service?

	<p>Dr Hall reported that Mr Pickard is very clear that the Pharmacy First Service shouldn't pick up the cost because GPs are not going to pay for these medicines. Dr Hall agreed that the longer-term question is what will happen to the Pharmacy First Service, because if this comes in it is harder to justify the service if GPs are not allowed to prescribe these medicines. Dr Hall hoped that with the MECS, the PGDs for UTI and Impetigo and the Extended Care service we can move Pharmacy First to a PGD service, which is more than just providing over the counter medication. So, it might mean that we evolve the Pharmacy First Service.</p> <p>Mr Prokopa to limit the response to matters directly affecting community pharmacy for example impact on stock losses, time to speak with patients especially if communications not managed at GPs effectively</p> <p>Members had concerns around increased safety issues especially with removal of paracetamol, which may mean more Rxs for co-dydramol, or cetirizine to fexofenadine</p> <p>Mr Prokopa to put a short response together based on the resource implications and the specific implications for community pharmacy and share with members prior to sending.</p>
1017-09	<p><b>Be Effective</b></p> <p>a) LPC Elections 2018 Mr Prokopa explained that the elections will start in December, when the process will call for nominations. Mr Prokopa to confirm contractor mix on 31st October in preparation for emails to AIMp and CCA. Mr Prokopa confirmed that we are staying with 14 members on the LPC</p> <p>b) Correspondence &amp; Communications Mr Prokopa reported that everything highlighted is covered in the agenda; there were no questions on remaining correspondence.</p> <p>c) Finance</p> <p>i. Business Accounts Mrs Lumby asked if members had any questions on the business accounts or the service account.</p> <p>ii. Service Accounts Quarter 2 Mrs Lumby highlighted to members that at the moment she is unable to pay the service management invoices approved at the September LPC meeting. Mrs Lumby explained that we currently do not have sufficient deferred income available for PharmOutcomes, but we are chasing two outstanding invoices from commissioners.</p> <p>iii. Budget Review Mrs Lumby asked if members had any questions on the budget review document, which compared predicted expenditure against actual expenditure for the last six months. Mrs Lumby explained that there were a few items of expenditure over budget, which related to the outstanding credit payments for 2016-17. Mrs Lumby further explained that although the current balance showed an excess, we had not spent any of the budgeted for HLP role, very little on Media and Communications and there was still the final loan payment to make in January 2018.</p>

**Strategy Agenda – Open 3.00pm**

1017-10	<p><b>Maximise Opportunities</b></p> <p>a) Meetings Reports – <b>please email any queries before the meeting</b> Members had no questions on any of the meeting reports</p> <p>b) Email re Infant feeds distribution proposal Mr Prokopa asked if members had any comments on the North Staffs proposal. Dr Hall explained that Sam Buckingham is keen for a Staffordshire wide project.</p>
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	<p>Mr Wilson noted that he sees quite large volumes go through on prescription, which obviously leads to waste.</p> <p>Ms Dean felt it was a very positive project for Pharmacy to be involved in.</p> <p>Mr Ward felt we should very much support this and noted that this is an opportunity to engage young families and make people more of a Pharmacy user for life, rather than dependant on medical services.</p> <p>Mr Prokopa to Email Tania Cork to agree idea in principle.</p> <p>c) Flu vaccinations – other services (domiciliary, B2B)</p> <p>Mr Prokopa explained that Virgin Care had enquired about domiciliary services for flu vaccinations, but he hadn't been able to find any service nationally, which involves Pharmacists going in to patients homes and nothing on the PSNC service database and he asked if members were aware of any domiciliary service?</p> <p>Mr Wilson reported that on Friday he is attending a large comprehensive school in Walsall, on their teacher training day as they have booked 50 flu vaccinations.</p> <p>Mr Ward noted there is a difference to providing the vaccination in a single location to vaccinate many people, to individually visiting one house at a time as this would have implications in terms of increased cost.</p> <p>Mr Prokopa pointed out that Gordon Hockey had explained that the LPC can't get involved if we are looking at non-commissioners, if we are looking at LA commissioning or NHS commissioning this then that would be fine, but anything outside of this would have to go through the provider company.</p> <p>Mrs Chahal noted a conversation about a patient who had been told by their doctor that pharmacy gets paid 3 times as much for flu vaccinations!</p> <p>Mr Eason noted that patients are being told that the quadrivalent vaccination is better and that Pharmacy is not licensed to provide this vaccine. Mr Eason enquired about what he should order next year and if he orders stocks of quadrivalent vaccines will he get paid for it.</p> <p>Mr Prokopa explained that the only GPs saying anything about this are the ones using quadrivalent vaccines. There is nothing in the NHS guidance, which says its preferable to use quadrivalent vaccine except in specific circumstance in the under 18s who are contra indicated with the inter nasal that it does say it is preferable for those individuals and those alone to receive the quadrivalent vaccine.</p> <p>Mr Eason concurred and that he has explained this but it makes no difference.</p>
1017-11	<p><b>Support Contractors &amp; their Teams</b></p> <p>a) CPPE Update</p> <p>Dr Hall reported that there are 2 campaigns coming up: -</p> <ul style="list-style-type: none"> <li>- <b>Mental health campaign</b> which starts on the 9<sup>th</sup> October. The cards are coming to everyone on the GPhC register. It's a set of 12 cards and each card contains information and links to learning, with the aim of raising awareness over 5 weeks. When you have completed each of the 5 challenges you will receive a virtual badge.</li> <li>- <b>Antimicrobial Resistance</b> which starts on 15th October 2017, over four weeks and coincides with the European Antibiotic Awareness Day in November and World Health Antibiotic awareness week. Over the four weeks, CPPE will be running a series of challenges to encourage pharmacy teams to promote the appropriate use of antibiotics. Dr Hall referred to the antimicrobial guardian where you can make a pledge and explained that she has made it that all those doing the extended care project, who are giving out antibiotics, that if appropriate they can become antibiotic guardians. She pointed out that of all the health care professional that have made a pledge, 25% are pharmacy professionals, therefore we are the</li> </ul>

	<p>biggest healthcare profession when it comes to becoming antibiotic guardians.</p> <p>Dr Hall explained that the ACT Programme is a programme funded by the HEE in the South, for London and the South East and noted that at the LPN they had expressed an interest in how they could upskill their local teams and the ACT programme was mentioned, so maybe this CPPE programme will be used locally</p>
1017-12	<p><b>Build relationships</b></p> <p>a) Locality Board Presentations</p> <p>Dr Hall explained that she recently attended the locality boards for Stafford &amp; Surrounds and Cannock, so she has now attended all of the locality boards to talk about the Pharmacy First Service. Overall it has been positively received and she has been asked by Stafford &amp; Surrounds to go and speak at their patient forum.</p> <p>Dr Hall reported that she also attended a Care Navigation event yesterday, which was attended by 120 Care Navigators. This is training for reception staff and it's not about them diagnosing, but about them triaging, by asking a few simple questions. They ask what the problem is, if its dental they send them to the dental surgery, if its eyes they direct them into MECS and the other service they direct patients to is Pharmacy first, which Dr Hall was there to explain. This training started in Wakefield and they have saved 600 GP hours by using care navigators, although about 80% of patients still insist on seeing their GP. Felt it was very positive that Pharmacy is one of the chosen services that they are going to navigate into. But unfortunately, since the meeting yesterday Dr Hall received an email from a practice in Cannock regarding the Pharmacy First Service for Impetigo where they referred a patient to the service and were told the Pharmacy didn't offer the service, although they are on the list. So, Dr Hall will need to investigate this further. But as a positive they have asked how they could confirm they had the proper email address on PharmOutcomes.</p> <p>Mr Bullock noted the great work that Dr Hall was doing to promote Pharmacy First services.</p> <p>Mr Prokopa asked if there was a case for the LPC to start cleansing the accreditations. Dr Hall confirmed that this is what she has started to do and is working with Mr Pickard. She explained that in some cases, for the bigger groups, Head Office sign the branches up and then the information doesn't filter down.</p> <p>Dr Hall also noted that in South Staffs, Boots don't have any branches signed up for Emergency supply or Pharmacy First UTI and Impetigo. She explained that there is are issues with the contract for these 2 services, which will also affect Common Ailments service soon, as the contract for this service runs out at the end of March. Dr Hall noted this impacts on South Staffs as we don't have such a wide coverage for these services. Dr Hall to email Mr Ward details of current issues for him to follow up.</p> <p>Mr Prokopa highlighted that if the Pharmacy First common ailments service ceases to exist because of the OTC issue then there will be more of a focus on services such as UTI and impetigo and noted he would like to see a service for cellulitis. He explained that this is the way they are pushing Pharmacy First with the extended care pilot and they want to develop Pharmacy services and if people are not doing UTI and Impetigo they are going to be more disadvantaged.</p> <p>b) CMPA proposal – Covered previously on the agenda</p>
1017-13	<b>Any Other Business</b>

	<p>Mr Eason mentioned issues with EPS GP codes with some PMR system suppliers and that NHS Digital appear not to be responding or actioning. Mr Prokopa to ask PSNC to raise nationally with NHS Digital.</p> <p>Mr Eason reported that GP practices are failing to communicate with patients or pharmacies on changes to services such as increases in notice for repeat Rx from two to three working days and increase in days' supply to 56/84 Mr Prokopa to take up with LMC</p> <p>Mrs Chahal highlighted that the DM&amp;D codes are not being provided for sip feeds. Mr Prokopa to follow up with MM leads. Mr Prokopa explained that this is around sip feeds particularly where flavour not specified coming through rather than assorted flavours and you only get one fee where flavours not specified and flavours not specified restricts patient's choice.</p> <p>Mrs Chahal stated that shortages and price concessions are a nightmare.</p> <p>Mr Wilson explained that this was mentioned at the PSNC meeting, they have a dedicated team working on this and they are saying they could be much more efficient if everyone reported these issues to them They have to get so much evidence before they can trigger an action.</p> <p>Mr Prokopa to highlight in the next News update to remind contractors to report problems to PSNC, as they can only seek concessions with sufficient evidence</p> <p>Ms Dean highlighted the issue that some Alliance CD invoices went missing during a system failure. Mr Prokopa to advise contractors to check CD balances and invoice discrepancies and he will check on legal situation if invoice not received.</p> <p>Mrs Lumby asked that members submit any outstanding expenses as soon as possible.</p>
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	<p><b>Next Meeting</b>  <b>Wednesday 8<sup>th</sup> November 2017</b> Pisces Suite at The Aquarius Ballroom and Function Suite, Victoria Shopping Park, Hednesford WS12 1DW</p>
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**LPC Meeting – Wednesday 11<sup>th</sup> October 2017**

Agenda items in **BOLD>**

**Appendix 1 - Communications Report**

**PSNC Communications**

**Received**

- a) 14/09/2017 PSNC News: Quality Payments - Urgent action required by contractors who appear to have not met the gateway criteria for April review point
- b) 14/09/2017 PSNC News: September 2017 Price Concessions/NCSO update
- c) 15/09/2017 PSNC News: September edition of CPN magazine out now
- d) 18/09/2017 PSNC News: Quality Payments | Stoptober Resources | September CPN | Tackling errors
- e) 19/09/2017 PSNC News: September 2017 Price Concessions/NCSO further update
- f) 20/09/2017 PSNC News: Quality Payments: action required if you haven't got a pharmacy NHSmail account
- g) 25/09/2017 PSNC News: Generics supply update | Party conferences | MUR post-payment verification | Key EPS learnings | Pharmacy provides 275k flu jabs | Winter campaign
- h) 28/09/2017 PSNC News: Quality Payments reminder: Urgent action required by contractors who appear to have not met the gateway criteria for the April review point
- i) 29/09/2017 LPC News: Briefing on priorities and structures; Become an LPC mentor; Working with provide companies; Healthcare Together news; Dates for your diary
- j) 29/09/2017 September 2017 Price Concessions/NCSO further update
- k) 29/09/2017 PSNC News: Campaign email
- l) 02/10/2017 PSNC News: Quality Payments: New NHS Guidance published; April declaration data published
- m) 04/10/2017 PSNC News Alert: Quality Payments: Have you reviewed your NHS Choices profile yet?
- n) 04/10/2017 PSNC News: Quality Payments deadline approaches - Urgent action required by contractors who appear to have not met the gateway criteria in April

o) 06/10/2017 PSNC at party conferences | Generic supply issues | EPS CD pilot | Flu Vaccination Service news | NHS England plans pharmacy campaign

### **Other Communications**

#### **Received**

- a) 20/09/2017 Sarah Gilmour: Same network, new name! WMMHCN 19th October – final reminder
- b) 26/09/2017 Sarah Gilmour: Midlands GI and Liver Transformation and Sustainability Network 14th November – reminder
- c) 27/09/2017 MHRA Drug Safety: DrugSafetyUpdate: miconazole oral gel, loperamide

### **10(a) Appendix 2 – Meeting Reports**

#### **Chief Operations Officer:**

- a) 19/09/2017 LPN Board Meeting
- b) 19/09/2017 8 to Hydrate launch teleconference
- c) 20/09/2017 STP Pharma Waste T&F Group
- d) 25/09/2017 PNA Consultation
- e) 28/09/2017 LIS/Video Consultations
- f) 03/10/2017 MSD Diabetes Training Planning

#### **Service Development Officer**

- a) 28/09/2017 Stafford Borough Health & Wellbeing Group

#### **Vice-Chair**

- a) 12/09/2017 West Midlands Regional PSNC Meeting
- b) 12/09/2017 CHSL SOC

### **10(b) Appendix 3 – Finance**

- a) Business Accounts – September
- b) Service Accounts Quarter 2
- c) Budget 2017-18 – Six-month review