



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

In Attendance: Mr Prokopa, Dr Hall, Mrs Lumby, Andy Pickard; Pharmacy Advisor NHSE

In the Chair: Mr Wilson

Business Agenda - LPC Members from 1.45pm

118-1	<p>Welcome and Apologies Mr Prokopa noted that apologies had been received from Mr Kapur, Mr Bullock and Mr Ward and reported that he had received an email from CCA that Jeet Patel from Morrisons is the new temporary replacement for Vicki James.</p>
118-2	<p>Declarations of Interest Members had no declarations of interest relevant to the items on the agenda.</p>
118-3	<p>Minutes The open minutes of the LPC meeting on Wednesday 8th November 2017 were approved as amended; proposed Ms Dean and seconded Ms Crompton and the confidential minutes of the LPC meeting on Wednesday 8th November 2017 were approved as amended; proposed Mr Hames and seconded Ms Dean.</p>
118-4	<p>Matters Arising</p> <p>a) Approval for Mr Marshall to remain on LPC Committee until 31st March 2018 as a non-contractor member representing Independent Pharmacies. Mr Prokopa explained that Mr Marshall had intended to leave Colliery Pharmacy in the New Year and had advised Mr Prokopa that he would be stepping down after attending his last LPC meeting in January. Colliery Pharmacy have appointed a new Superintendent already, therefore with the LPC Elections 2018 now taking place, Mr Prokopa suggested that Mr Marshall should remain on the LPC until the end of March. There were no objections from members and it was agreed that Mr Marshall would remain on the LPC until 31st March 2018 as a non-contractor member, representing Independent Pharmacies.</p> <p>b) Freedom to Speak Up Guardian Mr Prokopa explained that the NHS England's guidance requires each contractor to name an individual as the Freedom to Speak Up Guardian, who can ensure that policies are in place and that staff know who to contact if they have a concern; this person must be independent of management within the pharmacy and not be the direct employer. Mr Prokopa asked members whether their organisation had nominated someone as the Freedom to Speak up Guardian? Ms Dean explained that they have nominated a relief Pharmacist, who is known to all their Pharmacies and felt it was about finding the right person and that staff should understand the difference between whistleblowing and grievances. Mr Prokopa reported that Dr Hall has agreed to take up this role and explained that Dr Hall doesn't often work in Pharmacy and therefore would be seen to be independent and impartial. Mr Prokopa further explained that the NHS England's guidance notes state that there are a range of people that could be a Freedom to Speak Up Guardian, including a nominated member of the Local Pharmaceutical Committee. Mr Prokopa noted that he will be highlighting what contractor obligations are in the next LPC News Update. Dr Hall had concerns that if Pharmacies haven't filled this role yet, then they will just go with the option of the LPC providing a Freedom to Speak Up Guardian.</p>

	<p>Ms Dean suggested that we say that 'If you are struggling to fill the role of Freedom to Speak Up Guardian then please contact the LPC'</p> <p>Mr Prokopa confirmed that the dual purpose of putting a piece in the LPC News Update was to remind contractors that they have a duty to appoint somebody to the role of Freedom to Speak Up Guardian and if they can't appoint someone within their own organisation they can approach the LPC for support.</p>
118-5	<p>Regulation</p> <p>a) PNA Consultations</p> <p>Mr Prokopa confirmed that he had received responses from members and thanked members for all their effort in reviewing neighbouring HWB PNAs. He explained that the PNAs seem to take 2 formats, for example Staffordshire and Walsall PNAs take a complete view of the whole area and then picks out individual areas where there is, for example a high level of teenage pregnancies; whereas other PNAs such as Leicestershire and Worcestershire look at every area and describe each area separately. With Leicestershire's PNA, Mr Prokopa highlighted the out of hours pharmacists that they have on call. Mr Prokopa asked if members had any queries on the Staffordshire PNA and confirmed the Staffordshire Country Council had acknowledged receipt of our submitted comments. Dr Hall asked what happens regarding reported PNA inaccuracies? Mr Prokopa clarified that one of our contractor had reported that they had been inaccurately described as not doing MURs. Dr Hall confirmed that the information was correct on the PharmOutcomes survey module but appears to have been transferred over to the PNA incorrectly. Mr Prokopa to check this has now been corrected.</p>
118-7	<p>Any Other Business</p> <p>Members had no other business for discussion.</p>

Strategy Agenda – Members Only

118-8	<p>Lead</p> <p>a) Exec Meeting Report 06/12/2017</p> <p>Mr Prokopa asked if members had any questions then could members email one of the LPC Officers and we will get back to them.</p> <p>b) CHSL Provider Company Update</p> <p>Mr Prokopa reported that at the end of December, 90 business had joined CHSL, this represents roughly 200 contractors, which is quite a good outcome as some of the other provider companies have had difficulty getting engagement. There was some question mark over getting invoices paid before 31st December, but as long as contractors have completed the paperwork to join and have received an invoice, then they have 30 days to pay. Mr Prokopa highlighted the question about the loan payment mentioned at a previous meeting and explained that CHSL were finding it hard to plan a strategy to get tenders and services onboard when they'd got to pay the loan within 2 years. So, they'd come up with a proposal on a payment schedule stretching from the 2 years to the 7 years mark. Previously we had said that as long as we were getting money back from a 2-year mark we would be relatively happy with that. Mr Prokopa asked for some feedback from the LPC as to which is the best option from the proposal put forward. The proposals detailed total amount across all LPCs and Mrs Lumby felt it would be more helpful if the amount was a percentage so you could work out the amount we as a LPC would receive each year. Mr Prokopa asked for feedback on the principle of the time frame and that it was about how soon we want to have payments come to the LPC and which of the scenarios we want to choose? Mr Prokopa to circulate the information in a format that means something to LPC members and ask for feedback within a couple of weeks.</p> <p>c) Community Pharmacy Locality leads</p>
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Mr Prokopa explained that in the STP there are 3 Alliances, one for North one for South East and one for South West. The STP is one unit and these 3 Alliances are the delivery mechanisms or delivery hubs for the localities, which are the bottom layer. Pat Staite when he came to talk to us, was from one locality within Rugeley and these are replicated across the area with some more advanced than others. Mr Prokopa further explained that there are 2 levels where we are looking at engagement with and one is in these 3 Alliances. Mr Prokopa had made contact with Gulshan Kaur who is Mr Prokopa equivalent in the LMC and he is also involved the South-East Alliance and we are talking to him about getting some CP involvement, which might be appropriate for a LPC member or Officer. But at a locality level we need Pharmacists on the ground to be involved as they are the ones that are going to be talking about how services can be delivered locally. Mr Prokopa noted that we need to get quite a few people involved and if members organisations can provide someone, then from a LPC point of view it's going to be in our interest. If those people get involved it should be on the basis that they are doing it on behalf of everyone in their locality. Mr Prokopa asked members opinion as to whether we support them by providing backfill as we would do if this was an LPC member?

Dr Hall stated that if we do it officially through the LPC wouldn't that person more likely to be truly representative of their area not just their Pharmacy?

Dr Hall also noted that Carol Haycock had attended a meeting with Pat Staite as a local representative and it was really useful to see her talking to them about the local issues and was therefore a really useful contact.

Mrs Lumby asked how we are thinking of paying for this and what sort of impact would this have on finances, as this is not currently budgeted for?

Ms Dean felt a LPC member would be more use to the wider interests rather than just their own personal interest but it is something we need to be involved with then no business can afford to send someone one out for a couple of days.

Mrs Lumby asked how often these meeting would take place?

Mr Prokopa was not sure how many meeting they would need to attend and suggested they might only have to attend 2 meetings a year.

Mr Prokopa to see what he can find out, who the locality leads are and look at producing a spreadsheet of locality leads and what the meeting commitments would be.

d) LPN – Mental Health working group community/LPC rep

Mr Prokopa explained that the next LPN meeting has been postponed, but noted they have a mental health working group and are looking to get someone to attend, who has a specific interest in mental health. Looking at a couple of meeting a year. Mr Prokopa further noted they did offer to fund a number of places for a residential training course, one for each LPC area. This would be a funded residential course but no backfill.

Dr Hall mentioned that Rebecca Wood is now attending the LPN meeting, which is really significant as Rebecca Wood is Head of Primary Care at NHSE Shropshire and Staffordshire. Dr Hall explained that there will be extra funding from HEE, so, on top of all the previous funding reported we will have more money for basic CPPE training, more money for the Extended Care project, funding for extra hospital technicians and also funding for mental health diplomas, so there is a lot of money coming in for training through the LPN. Also noted that it is positive to see the LPN now has full hospital commitment and SSOTP.

e) Consultation on gabapentin & pregabalin

<https://www.gov.uk/government/consultations/pregabalin-and-gabapentin-proposal-to-schedule-under-the-misuse-of-drugs-regulations-2001>

Mr Prokopa asked if members had come armed with figures then could they please email them through to him. Noted that this is the same situation as with

	<p>Tramadol and to have to put them in secure storage would be a nightmare. Mr Prokopa reported that the impact assessment didn't show an impact other than on Community Pharmacy, which would be hundreds of pounds to buy a new cabinet and get it fitted and Mr Wilson noted issues with space. Mr Prokopa felt option 2 was the best option and highlighted the consultation ends 22nd January 2018, so would be really helpful to have information as soon as possible and the LPC will then respond accordingly.</p>
118-09	<p>Be Effective</p> <p>a) LPC Elections 2018 Mr Prokopa noted that the LPC Election 2018 letters went out last week so all in process and that the first nomination form was returned today.</p> <p>b) Correspondence & 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 & Service Accounts as at 31st December 2017 Mrs Lumby noted that the Business Account balance includes deferred income for the HEE funding of £14,233.00.</p> <p>ii. Finance Sub-Committee Meeting Minutes of previous meeting Mrs Lumby reported that the payment of the Service Management Invoices is still outstanding. The money has not yet been transferred to the business account as we have insufficient deferred income available for PharmOutcomes. Mrs Lumby explained that the service management invoice are raised to recoup the the cost of Officers time spent developing and managing PharmOutcome modules. Also noted we will have very little deferred income for PharmOutcomes to c/f to next year. Corporation Tax - Mrs Lumby reported that the corporation tax was paid on 2nd January 2018 and noted that we anticipate that there will be corporation tax for 2017-18 PharmOutcomes Costings – Mrs Lumby reported that Mr Prokopa had looked at costings for PharmOutcomes for 2018-19 and proposed a fee structure for approval by the Finance subcommittee. Mr Prokopa explained that we have a few changes with commissioners who are using PharmOutcomes. At the end of 2016, Staffordshire County Council gave notice that they weren't going to commission PharmOutcomes following the EHC service moving to Lloyds Pharmacy who already have PharmOutcomes. The costs of PharmOutcomes has also been rising slowly with the additional provider outlets as we get a per outlet cost on PharmOutcomes and even when outlets close they still require access to their data for a certain amount of time. Mr Prokopa further explained that with the cost of additional outlets, inflation increases and the cost of data separation for some areas the cost of PharmOutcomes bill has gone up from £18,000 to an anticipated cost next year of £27,400. So it was about managing these payments, so commissioners and lead providers don't see big increases, but that the costs reflect a base costs and a per pharmacy per service element. We have tried to manage this to what our outgoings are plus a little bit extra to cover the management of these services and take into consideration additional cost of LPC Officer's time. Mrs Lumby explained that Peter had asked the finance subcommittee to consider whether we should aim to recover all anticipated costs, plus the shortfall in 2017-18 within this proposal and whether we should consider providing a discount for paying in advance for example 2 or 3</p>

	<p>years. Mrs Lumby reported that the finance subcommittee had agreed the proposed costings and were unsure that they could increase costing to cover any shortfalls. In addition, felt that we couldn't look at offering a discount for paying in advance for year 2 or year 3 as we would be committing the LPC to paying for PharmOutcomes with the risk of us losing further commissioners going forward.</p> <p>Budget Analysis 2017-18 April - Dec</p> <p>Mrs Lumby reported that currently the budget is on spend, some areas of expenditure slightly exceed budget, but this relates mainly to outstanding creditors for 2016-17 such as wages, pension, locum costs and mileage expenses. Slight over spend on PSNC training workshops, mileage, meeting costs and travel & subsistence. There are also some savings to date on expenditure for HLP Role, Media and PSNC Leadership training. Mrs Lumby noted that the current performance is showing a surplus, but we have a further CHSL loan payment and some outstanding members expenses to consider. The budget for 2017-18 predicted a deficit of £6,840 but Mrs Lumby is confident that we should close with a much smaller deficit.</p> <p>iii. Draft Budget 2018-19</p> <p>Mrs Lumby reported that she has increased the expenditure on the LPC budget 2018-19 for LPC Meeting costs, Employers Mileage, PSNC Seminars and PSNC Training workshops to cover new LPC members training. Also increased Insurance to cover possible Cyber insurance policy and increased the cost of Travel & Subsistence for both LPC Officers and members to cover the recent increase in train fares. The costing for HLP role has been removed and she has added a budget item for GDPR to cover microfiche costs and a budget item for succession training to cover cost of additional training for the role of Chair with Mr Bullock stepping down. Mrs Lumby noted that the Finance subcommittee had approved the draft budget for 2018-19 and Mr Prokopa asked that we include this item on the February LPC agenda and circulate the draft budget for approval.</p> <p>Mr Prokopa mentioned that at the end of the Exec meeting they had discussed organising a small send off for Mr Bullock by providing lunch prior to the LPC meeting in February. Mrs Lumby confirmed that the cost for the lunch would be £120 at the Museum of Cannock Chase and members agreed expenditure.</p>
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Strategy Agenda – Open 3.00pm

<p>118-10</p>	<p>Maximise Opportunities</p> <p>a) Meetings Reports Members confirmed they found the new meeting report format easy to read. Mr Hames asked that abbreviations are explained at least once in the report. Members had no questions on any of the meeting reported.</p> <p>b) Flu Vaccination Service Mr Prokopa confirmed there had been 34,500 flu vaccinations through pharmacies in Shropshire Staffordshire and Stoke and last year there was about 25,500 in total, so really pleased with the delivery to date. Ms Dean noted that they made a mistake on their last order and ordered a considerable amount of Quadrivalent Influenza Vaccine and asked if anyone is struggling to access further Quadrivalent Vaccine please let her know. Mr Prokopa highlighted that the NHSE guidance is that once we get past the end of January they expect that the number of vaccinations to drop. That most people unless they are specifically at risk, perhaps come back into the country</p>
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	<p>or are newly pregnant, then the evidence on vaccinating these people is quite low as you've still got the lead time for them to get up to full effectiveness. Mr Marshall asked if there is anything planned to smooth the waters with Doctor's Surgeries next year around flu?</p> <p>Mr Pickard explained that he attended the Staffordshire and Shropshire Flu meeting, which is chaired by PHE vaccine teams. He had forwarded all the issues and emails from September and October and at the last meeting asked for a specific response to that and what are they going to do to make sure this doesn't happen again. Also raised this at the NHSE Pharmacy Lead meeting specifically around communications and that he didn't feel it was appropriate for practices to be writing to patients to invite them for their flu vaccination given the nature of the comments that was put in some of these letters, which were basically factually incorrect and unhelpful. He suggested to them that there should be a national template letter written by NHSE and PH jointly, which invites the patient to have the flu vaccinations, which can be sent from the surgery but is a generic letter. He asked for this to be recorded in the minutes and when they start the plans for this year he will raise it again.</p> <p>Mrs Roman asked if the template letter could say you could have the flu vaccination either at the GP practice or the Pharmacy.</p> <p>Mr Pickard confirmed that the letter should be a generic letter that invites the patient to have a flu vaccination and clearly states you can have this vaccination at the GP practice or the Pharmacy. That this should be a message from PH and there shouldn't be any variation in what the letters are saying</p> <p>c) ONS Service</p> <p>Dr Hall reported that they had a meeting last week of the MOG and Sharon has submitted a paper for funding for a dietician as part of this ONS project, which will be piloted in Great Worley. Looking at a voucher system for ONS supply through pharmacy instead of FP10s and there might also be a service for new patients. Pharmacy to do an initial assessment, talk to the patient about fortifying food and see them again in four weeks and even refer them onto a dietician. Dr Hall confirmed that you can use patient's self-reported weight and weight loss and that there are also different measurements you can do to calculate a patient's weight.</p>
118-11	<p>Support Contractors & their Teams</p> <p>a) HLP Update</p> <p>Mr Pickard explained that last year they had tried to link in with PHE West Midlands to try and coordinate the PH campaigns across the patch so he has emailed them to see if this is something they want to progress with this year. There is a NHSE campaign starting mid-February to target the under 5s first national NHSE campaign. Starting shortly is a local know your heart campaign such as blood pressure information.</p> <p>Mr Prokopa noted that he recently emailed Fight bladder cancer and they asked if we could do a campaign later in the year on fight bladder cancer? Mr Pickard explained that the reason why they were linking in with PHE was because of access to their resources. Mr Pickard confirmed that the NHSE can support this purely as a local health promotion campaign especially where they can offer resources.</p> <p>b) CPPE Update</p> <p>Dr Hall reported that CPPE have a new Substance Misuse learning campaign, the consultation skills events have recently been updated and CPPE also now have an e-learning on consultation skills in mental health</p> <p>The next CPPE Focal Point event is Patient safety reducing risk in anticoagulation, which takes place at Lichfield 24th April and at Telford 25th April and at Keele 26th April 2018.</p>

	<p>There are a whole series of 1-day events for people interested in working with a GP practice and the next CPPE Leadership School will be held in Warwick with the residential course on Friday 9th and Saturday 10th March plus a further 2 days on Tuesday 17th April and Tuesday 5th June 2018</p> <p>c) Patient Facing Website Mr Eason reported that he has done some work on the local Facebook groups, which is working quite well for Tamworth as the group is quite active, but not working so well in other areas. Mr Prokopa asked Mr Eason to let him know which groups he has been working on so he can see what areas we need to look at.</p> <p>d) GP Extended access proposals & survey Mr Prokopa reported that he had a link to a survey come through from Healthwatch, a patient survey on how far people are prepared to go to access GP extended hours. Not aware that there are any specific proposals in place currently, but if there are practices where there are likely to be hubs, this could impact on local pharmacy services. Asked members that if anyone hears anything please keep the LPC in the loop.</p>
118-12	<p>Build relationships</p> <p>a) Commissioner Reports:</p> <p>i. NHS England Area Team</p> <p>CPAF - Mr Pickard reported that they had requested 81 of their 344 contractors to undertake a full CPAF. Of the 81 asked to complete 12 did not complete it and therefore by default they will get a CPAF visit from NHSE. In total they will be carrying out 18 visits across Shropshire and Staffordshire. Contractors will be written out to imminently and the visits will start in mid-February. Unable to share details of which Contractors they will be visiting, as it is up to the Contractor to contact the LPC.</p> <p>100 Hour monitoring – Mr Pickard noted that Dr Hall had kindly given NHSE access to PharmOutcomes module for those pharmacies who send their 100-hour RP logs to NHSE. So, for those contractors who are not faxing or sending this information to NHSE they will be asked to enter the details via PharmOutcomes and they will be contacting those contractors imminently.</p> <p>Breach Notice – Mr Pickard reported that they had been criticised as a local area team for the lack of breach notices issued, when there is a clear contractual breach in terms of failure to open etc. So, there is a focus on them now to make sure they are following through what is in the Pharmacy manual, in terms of breached notices. This is particular around breach notices where we are getting repeat offenders. This is going to be more closely looked at by a working group within NHSE and is timely linked into the dispute resolution workshops that are setup across the country. Mr Pickard has shared the details of these workshops and this is an opportunity for LPC colleagues to understand the process around dispute resolution Mr Prokopa noted that notification has always been one of the issues and asked if there was anything the LPC could do to facilitate the reporting and wondered if there was anything we could do via PharmOutcomes to support this?</p> <p>Ms Palfreyman suggested that there could be tab on PharmOutcomes that provides the information as to who you need to contact. Mr Prokopa felt it would be helpful if Mr Pickard could provide contact details either contact number or contact email which we could pass on to Contractors. Mr Pickard to share contact details for reporting changes in contractual hours.</p>

	<p>NUMSAS – Mr Pickard reported that we 115 Contractors across Shropshire and Staffordshire who have registered with the BSA to provide NUMSAS, which is a big increase in the last 6 weeks. Mr Pickard explained that the process for accrediting these pharmacies is we ask the DOS lead to send out a test email to the Pharmacy and ask for a response to come back to Mr Pickard and Richard Topping to say that that message has been received. Only 33 Pharmacies have responded, so we only have 33 Contractor actively setup and providing NUMSAS, therefore there is some work to do around this.</p> <p>Mrs Chahal asked if when a message is sent to your NHS email address, there was a facility to ping a message to your normal email address. Mr Pickard didn't think this would be happening and note that predominately all communications from NHSE will be coming through these nhs.net email addresses.</p> <p>Mr Prokopa to highlight in the LPC News Update that if Contractors have signed up to deliver NUMSAS they need to check whether they have received their nhs.net mail test message and have responded to it.</p> <p>Ms Dean wondered whether Contractors had signed up and then there had been a change in policy for their organisation, which is why they hadn't responded to the NHS email</p> <p>Mr Pickard noted that they had been resistant to NUMSAS because they had concerns as to how it was being setup and that they were one of the last areas to go live with NUMSAS on 4th September. Up to 4th September only 25 Contractors had expressed an interest but in the last six weeks we have had all these additional contractors sign up.</p> <p>Enhanced service – Mr Pickard reported that the contracts are up at the end of March and they will be setting up a meeting to renew these enhanced services. He will take on the feedback about the complexity of completing but will be reinforcing the assurances that if Contractors sign up to the service they need to be actively delivering the service.</p> <p>ii.CCGs iii.Public Health</p>
118-13	<p>Any Other Business</p> <p>Mrs Chahal mentioned that the mixed flavours are still not being specified on EPS prescriptions.</p> <p>Mr Marshall responded that this is not an option on System One, you can only pick a specific flavour, or no flavours specified.</p> <p>Mr Prokopa noted that you only get one fee for no flavours specified and stressed that this is an option on EMIS and asked Mrs Chahal to contact the surgery and find out which GP system they are using. If they are using EMIS then if they contact Mr Hames he will talk them through how to select mixed flavours.</p> <p>Mr Prokopa noted that Mrs Lumby had circulated the dates for the meeting in 2018-19.</p>

	<p>Next Meeting Wednesday 14th February 2018 in Conference room at The Museum of Cannock Chase, Valley Road, Hednesford, Cannock</p>
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Sent

a)

PSNC Communications

Received

- a) 10/11/2017 PSNC News: Quality Payments reminder: action required if you haven't activated your NHSmail accounts
- b) 13/11/2017 PSNC News: Quality Payments: NHS BSA online declaration now open
- c) 13/11/2017 PSNC News: November 2017 Price Concessions/NCSO
- d) 14/11/2018 PSNC News: LPC Communications: One week until Pharmacy Winter campaign day
- e) 15/11/2017 PSNC News: November edition of CPN magazine out now
- f) 17/11/2017 PSNC News: Quality Payments: One week left to meet the NHS Choices gateway criterion!
- g) 17/11/2017 PSNC News: Pharmacy Winter campaign day approaches | 2018 PSNC elections | Quality Payments declarations | Pharmacy flu vaccination updates | New PSNCtalk video
- h) 20/11/2017 PSNC News: Quality Payments: Don't forget to make your declaration!
- i) 20/11/2017 PSNC News: Vaccination of social care workers can commence
- j) 20/11/2017 PSNC News: Updated Flu vaccination of social care workers can commence
- k) 21/11/2017 PSNC News Alert: Today is Pharmacy Winter action day
- l) 23/11/2017 PSNC News: Quality Payments: One day left to meet the NHS Choices gateway criterion!
- m) 23/11/2017 PSNC News: Quality Payments: November review point
- n) 24/11/2017 PSNC News: December Advance Payments | Budget 2017 | Quality Payments | NUMSAS Extension
- o) 30/11/2017 PSNC News: LPC News: Primary Care Home model; Support for minor ailment queries; STP briefing from RPS; CPhO Conference 2018
- p) 01/12/2017 PSNC News: Price Concession Update | Prescribing restrictions for low value meds | EPS urgent care pilot | Universal Credit guidance
- q) 04/12/2017 PSNC News: Quality Payments: Less than one week left to make your declaration!
- r) 07/12/2017 PSNC News: Quality Payments: One day remaining to make your declaration!
- s) 08/12/2017 PSNC News: Quality Payments: Last day to make your declaration!
- t) 08/12/2017 LPC News: Drug shortages in the media; LPC elections 2018; LPC new members days; Cardiovascular Prevention Conference
- u) 08/12/2017 PSNC News Alert: Response to price concession requests received
- v) 11/12/2017 PSNC News: Drug shortages in national press | Preferred EPS enhancements | EPS submission process video | NHS 111 refer patients to community pharmacies
- q) 12/12/2017 PSNC News: December edition of CPN magazine out now
- r) 14/12/2017 PSNC News: November 2017 Price Concessions/NCSO - final list
- s) 20/12/2017 PSNC News: OTC consultation opens | PSNC appoints new CEO | Help improve national incident reporting systems | Drug alerts and updates | Over 8,000 new HLPs
- t) 22/12/2017 PSNC News: December 2017 Price Concessions/NCSO
- u) 02/01/2018 PSNC News: December 2017 Price Concessions/NCSO (final update)
- v) 02/01/2018 PSNC News: December 2017 Correction: December 2017 Price Concessions/NCSO (final update)
- w) 05/01/2018 PSNC News: Final December price concessions | Upcoming PSNC elections | Card payment fees | Change in distribution arrangements | NHS Identity guidelines

Sent

Other Communications

Received

- a) 13/11/2017 Julie Mason, Healthwatch: Healthwatch Advisory Board Public Meeting 15th November 2017
- b) 20/11/2017 Nationwide Building Society Update to account contact details
- c) 27/11/2017 Mohammed Arabo, Healthwatch Staffordshire: How you can help the NHS this winter
- d) 27/11/2017 MHRA Drug Safety: Drug Safety Update: gentamicin, quinine, tacrolimus
- e) 28/11/2017 Sarah Gilmour: West Midlands Diabetes Transformation and Sustainability Network – 28th February 2018

- f) 06/12/2017 Mohammed Arabo, Healthwatch Staffordshire: Have your say on prescriptions services
- g) 11/12/2017 Nationwide Building Society We've received your change of address
- h) 11/12/2017 Mohammed Arabo: Healthwatch Staffordshire wants to help local hospitals manage their winter pressures
- i) 18/12/2017 MHRA Drug Safety: Drug Safety Update: gadolinium contrast, cladribine, Xofigo, eluxadoline, fingolimod...
- j) 20/12/2017 Sarah Gilmour: West Midlands Diabetes Transformation and Sustainability Network – 28th February 2018
- k) 20/12/2017 Mohammed Arabo, Healthwatch Staffordshire: Extended Access Survey**
- l) 02/014/2018 Lloyds Bank: Our ring-fencing plans and your business

Sent

- a) 30/12/2017 Staffordshire County Council: Response to Staffordshire PNA December 2017

10(a) Appendix 2 – Meeting Reports

Chief Operations Officer:

- a) 07/11/2017 Diabetes UK Meeting
- b) 07/11/2017 MCAT Carer Engagement
- c) 14/07/2017 MCAT Group Meeting
- d) 14/07/2017 MURs video & Technology Meeting
- e) 14/07/2017 CHSL SOC Meeting
- f) 21/11/2017 LPN Board Meeting
- g) 04/12/2018 Video MURs prep meeting
- h) 05/12/2018 WMAHSN Economic Summit

Service Development Officer

- a) Monthly Report Nov & December

Other

- a) 06/12/2017 Exec Meeting

10(b) Appendix 3 – Finance

- a) Business Accounts – November & December
- b) Service Accounts – December
- c) Draft Budget 2018-19