

LEICESTERSHIRE & RUTLAND PHARMACEUTICAL COMMITTEE MEETING

Tuesday 27 November 2018

Holiday Inn Express, Raw Dykes Road, Filbert Way, Leicester, LE2 7FL

9.00am to 5.00pm

Present:

Satyan Kotecha SK– Chair
 Adam Thomas (AT) – Treasurer
 Luvjit Kandula – Chief Officer,
 Shezad Alimahomed (SA) – left at 12.30pm
 Harmanpreet Kler (HK),
 Pallavi Dawda (PD)
 Jane Lumb (JL)
 Altaf Vaiya (AV)
 Mohammed Sattar (MS)
 Hasmukh Vyas (HV)
 Mohammed Bharuchi (MB)
 Chetan Parmar (CP)
 Ailsa Garner (AG)–Administrator

External Visitors

Jit Parekh – Midlands and Lancashire
 CSU
 Parminder Gill – Primary Care Support
 Officer -NHSE
 Garry Myers – PSNC Regional
 Representative

CLOSED SESSION

		<u>Action</u>
1.	<p><u>Welcome</u> SK welcomed everyone to the meeting, LK advised that Sam Morgan who was invited and accepted the invitation to attend had submitted her apologies late on Friday afternoon and would not be attending.</p> <p><u>Vision Mission and Values</u> SK gave a reminder about the Vision, Mission and Values of LLR LPC.</p> <p><u>Apologies for Absence</u> Irfan Motala (IM) and Rabiya Suleman (RS)</p> <p><u>Declarations of interest</u> Forms available for completion at every meeting which are to be circulated for review by members of the committee and amend if required. This practice will ensure that there is no opportunity for criticism in the future. Please ensure completed forms are passed to AG to retain. Declarations of interest forms have now been uploaded to the LPC website</p>	

2.	<p><u>Minutes of Meeting held on Monday 24 September 2018 – amendments made as below</u></p> <ul style="list-style-type: none"> • HV has booked to attend the PSNC NHS Regulations day • Waste Medicines – West CCG have done some initial work on this • Survey Monkey discussion - reach changed to breach <p>With the above changes made, SK then asked for agreement of the minutes for the meeting held on Monday 24 September 2018; proposed by Altaf Vaiya and seconded by Mohamed Bharuchi.</p> <p>SK signed the minutes as a true record.</p> <p><u>Matters Arising</u></p> <p>Medicine Waste Campaign</p> <p>The waste campaign draft posters have been produced – we will be taking this forward for across LLR – and LK has shared this with Heads of Medicines Management for all the CCG’S. SK has a poster he is happy to share with the committee</p> <p>AGM</p> <p>Thank you to all who attended, great meeting and contribution from attendees. Financial report was agreed unanimously; due to AT’s attention to detail and diligence in his work as treasurer.</p> <p>Confidential matter</p> <p>This has been covered in the Chair’s report, however SK wanted to give the meeting an update on the situation and provide background information to the new members of the committee.</p> <p>On 12th November – SK, AT, and LK with an independent chair met with the contractor. In principle it has been agreed that this matter will be closed for further investigation amicably subject to a few actions and sharing of the independent chair’s response. We anticipate that this will result in this matter being closed.</p> <p>The investigations have shown that Finance and Governance were followed correctly but there is a need to formalise quarterly and ensure everything is correct and review all documents annually in April.</p>	
3.	<p><u>Action log updates</u></p> <p>The Action Log was reviewed by LK looking at actions from 3/7/2018, and updated during the meeting, any actions from today’s meeting will be added and then recirculated.</p> <p>MDS-JL suggested the LPC could look at GPs providing a letter of authority to carers, only in circumstances where the carer is considered competent to administer medication, as this is a very patient centric service. Aware that it is being used in West Yorkshire, and with support from NHSE would show GPs what is being done elsewhere.</p> <p>SK suggested that MDS is included as an agenda item in January 2019 (AP 142– AG)</p> <p>LK to contact Community Pharmacy West Yorkshire to see if this letter was agreed with them. (AP143 – LK/PD)</p> <p>Agreed at last meeting, no what’s app groups to be set up – contractor engagement will come up later in the meeting.</p> <p>VM asked who the patient rep is who is responsible for channelling patients concerns (PALS service?) could they be invited to LPC meeting – AP144 LK to investigate this</p> <p>LK to contact Tom Bailey at NHSE re funding for walk in my shoes project – AP145 LK to follow this up, and cc PD.</p> <p>VM reminded the meeting about the links with the University about COPD/Asthma</p>	

4.	<p><u>Contractor Engagement</u></p> <p>AV gave feedback from the calls he had made and had shared this in advance of the meeting on dropbox. He had started making my bi-monthly calls to contractors after the last LPC meeting in September however did not have much luck in speaking directly to the contractor. He then created an email group of the contractors that he is responsible for, followed by a second email to make the contractors aware that he could raise any concerns they have at the next LPC meeting but still have had no response. A lot of concerns are being raised by contractors regarding, price fluctuation of stock, tariff prices / price concessions, many contractors are worried about how things will be once we reach the Brexit deal there is a big fear of cash flow problems!</p> <p>Many contractors have also raised concerns regarding Pharmacy2U, they have highlighted the impact of patient confusion due to the way Pharmacy2u are marketing their name with the NHS logo.</p> <p>MB had received feedback from his contractors about QPS support, he had signposted pharmacies to Virtual Outcomes, and issues about supply of Naproxen.</p> <p>MS said that it is possible to check which areas are being targeted by Pharmacy2U and this shows how it affects contractors, with live data.</p> <p>JL mentioned the patient journey and the personal touch of visiting a pharmacy.</p> <p>VM asked if the corporate companies had a contingency plan to combat activities.</p> <p>SA replied that community pharmacies need to be innovative (not just the multiples), and the biggest things is that patients do come back as JL had alluded to earlier in the discussion.</p> <p>AT has continued to check in with his contractors, he also shared that he had an unannounced GPhC visit.</p> <p>HV said that he had been looking at the twitter feed for Avon LPC and this seemed to be a good forum for feedback.</p> <p>SK said that using twitter as a feedback tool had been looked at before but suggested that LK could check with Avon LPC as to how their account and feedback are used. AP146 LK to contact Avon LPC to investigate further.</p>	
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5.	<p><u>Treasurer's Report</u></p> <p>AT confirmed the cashflow figures had been updated for review by the committee and hard copies were available; it has been a busy month. The accounts balances were given to the committee.</p> <p>The mandate change form – there were problems with the signature being very slightly different, so bank unable to accept, this is not an ideal time to resolve this matter, but it is now in hand, so should be resolved soon.</p> <p>Dropbox has the end of year report, and financial information. This was also published on the website with all the AGM documents.</p> <p>Backfill for PD- AT explained the situation and asked the committee if they agreed PD should be paid for her time at the same rate as backfill rate. This was agreed by the committee unanimously, and PD's time needs to be remunerated at backfill rate by Masons Chemist.</p> <p>F&G Committee need to look at this going forward to ensure there is clear direction on matters such as backfill and complete clarity so that nothing untoward is paid – this will need to be ratified by the whole committee at the next LPC Meeting in January 2019.</p> <p>Sue Hind (previous LPC member) is continuing to support AT and has given at least 12 hours of her time. The committee agreed unanimously to pay Sue Hind for her time on receipt of an invoice.</p> <p>Overpayment – SK has confirmed that the overpayment made in error to him has been repaid to the LPC but is not yet appearing in the LPC accounts. AT will update the committee as soon as he can, hopefully later today.</p> <p>PSNC have asked for clarification on the LPC accounts, and AT has provided everything they have asked for, and the audited accounts have been sent to them. The next PSNC payment was made in October 2018.</p> <p>Trish Simms who supports AT is retiring at the end of the financial year, AT will need a bookkeeper to support him part time, so if anyone has any suggestions, please let him know.</p> <p>Confirmation of the bonus and pension contribution has been given to LK. Holiday Inn Express has been paid for the AGM.</p>	
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6.	<p><u>Chair's Report</u></p> <p>As we move to the end of the year, there are a few key updates to share. We had a successful AGM in September that was well attended with presentations from Leyla (NPA), Virtual Outcomes, Adam (Treasurer) and Gary Myers. I was pleased that the accounts were accepted unanimously which is a testament to Adam's hard work and attention to detail.</p> <p>We met with Peter Jones and the contractor who had questions regarding governance and transparency within previous committees. Peter has written a report that has been shared with the contractor and I feel we may have finally drawn the matter to a close, subject to one final query which is in hand.</p> <p>The respiratory and Hepatitis C projects are progressing, Vinay will update on Hep C, East Leicester CCG met with us regarding the respiratory project and are happy for us to proceed in principal with a working group proposed to progress this, we had a respiratory update event on World COPD Day delivered by Pranab Halder that was reasonably well attended despite the short notice, evaluation to follow, the consultant was pleased with the engagement and also the opportunity of working with CP.</p> <p>Adam myself and Jane are continuing with CO review, but this cant realistically take place until the LPC business plan is agreed.</p> <p>Shezad has sadly stepped down as Vice Chair due to work commitments and time pressures, this brings about the question of the structure of the committee moving forward that requires discussion, particularly in the context of the business plan and Chair's role, I have attached an updated version of the PSNC guidance for chairs role. Having checked the constitution and spoken with Mike King, we can appoint an external chair (employed) and we may reduce the size of the committee if necessary, as long as we maintain proportionate representation (AIM, Independent CCA). There is a calculator on the PSNC website that tells us what the makeup of the committee should be, my suggestion is not that we cull the membership but do not replace and therefore reduce the size to ten or eleven members by attrition. This reduction in committee size would release resource to allow the committee to employ or pay people deliver on the business plan with accountability and responsibility, this builds on the proposals put forward by the Chief officer. I propose that we ask for final expressions of interest for Chair and Vice Chair at the November meeting and in the absence of expressions for Chair we pursue the option of an employed Chair, I would suggest ½ a day a week, spent either at the office with either the Chief Officer / Ailsa with flexibility around working from home and remuneration at the LPC backfill rates for agreed meeting attendance on behalf of the committee over and above including LPC meeting days. I have received an expression of interest from a former committee member and will open discussions with them if the full committee sanctions this approach.</p>	
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Employed Chair role within LLR LPC – discussion

SK had shared in advance of the meeting a role profile for the post of LPC Chair, and he asked if anyone from the committee would like to nominate themselves. No nominations were received. SA has stepped down as vice chair due to work pressures. SK said that it was a very challenging time for community pharmacy, and an employed chair could be a solution. The chair's role is not full time, but there are a lot of different facets, and the reality is that the committee needs to look at how effective we are. If the committee was reduced by attrition, funds would be released to support a paid chair role. AV commented that the danger was that the chair could become a 2nd chief officer.

SK said there are capacity issues within the LPC and we need to ensure we are effective going forward. He has received a couple of emails from people interested in the role. PD said the recruitment process must be clear and transparent, we should not settle for 2nd best.

LK commented that a paid chair could be an additional person for the chief officer to manage and update, so would need to consider this proposal carefully.

AT said the advantage of having a chair within the LPC is better engagement, is there any flexibility to reduce SK's role at present. SK replied that it was difficult to do that as a lot of meetings happen at short notice.

LK said that the strength of SK as chair was his strategic foresight, and there was also a functional role and an operational one too as Chair of LPC.

VM said his concern was the LPC business plan needs to be agreed, the committee need to decide the core business, what are the key areas and then the whole committee agree what you think is most beneficial. The challenge is there is no direction at present, and he acknowledged the LPC cannot pick everything up.

LK reminded the committee that the pressure of getting stuff done rests with the chief officer and was therefore her responsibility, only herself and AG are LPC centric as their job.

There was discussion about having a rotating chair from within the LPC; it was recognised that everyone was under pressure in their own businesses but also agreement that the committee needed to reflect on how requests are responded to and how they could contribute.

PD asked how other LPCs worked as this might help the committee to understand what could be done. LK explained how Avon LPC is set up and the roles and employees. LK said it was logical to look at the business plan, once that was agreed then the committee could look at resource, and the proposals outlined in the document LK had written about the business plan and resource.

The committee did not agree to a paid chair within LLR LPC, and felt the idea of a rotating chair was not one to be pursued.

7.	<p><u>Chief Officer's Report</u></p> <p>There have been issues raised regarding restricted allocations of Amoxil and out of stock issues from wholesalers and this led to a query being raised with CCG's as this was not on the QIPP plans. This does not apply to west and east as they removed this switch from optimise due to stock issues. Unfortunately, despite challenge to the CCG especially in terms of impact on patients and time spent contacting GP practices the CCG are adamant that out of stock guidance needs to be followed and that patients should be sent elsewhere.</p> <p>Contractors are feeling extensive pressures faced on the ground in terms of i) time taken to locate stock (up to 2 hours daily) ii) restricted allocations iii) concession prices not adequately covering the cost to obtain, iv) general capacity/resource issues which are limiting engagement with advanced services v) uncertainty and difficulty in predicting cash flow impact and longer term financial viability vi) questions regarding future cat m clawback, remuneration and reimbursement and community pharmacy contract timelines to enable planning to take place vii) further issues with naproxen, furosemide and other stock availability issues viii) questions regarding real time reimbursement and accurate pricing ix) mechanisms to be able to check stock purchase price before ordering as this is incurring losses.</p> <p>The PH team in county have asked for mental health to be included in the PGD – a number of pharmacies who attended training agreed that this would be acceptable by them, the NCSTT PGD does allow for this, this would not result in additional payment and I have asked for a narrative from the stop smoking lead for further information to share and ratify with the board.</p> <p>Dossett boxes were raised at LMSG (also been previously with NHSE, 3 CCG's 0 and now also raised by secondary care. I have also written to Leicester city ccg to ask for support on this issue and previously shared APC documents from Coventry and Warwickshire.</p> <p>I attended two events regarding advanced care for diabetes – RPS and one with LDC/ National diabetes leads/MSD further to the LLR work on Hba1c and Pharmacy training with the LDC. A pilot for LLRLPC has been discussed in principle with some stores covering the LPC and some from Lloyds pharmacy.</p> <p>I have engaged with a GP federation in Coalville who will be sharing the integrated working model with CP in the area in January and have been invited to attend to present about Pharmacy developments</p> <p>There are further issues in west ccg relating to repeat ordering and the lead clinical GP has also requested attendance</p> <p>There are no further decisions on Pharmacy First currently. There is no progress on repeat ordering removal</p> <p>followed up palliative care scheme – a number of nurses are encountering issues obtaining stock from CP which is resulting in them having to access stock from secondary care. A complete review of community iv antibiotics is taking place and I attended a meeting which discussed OPAT, community and Pharmacy and hence there is a delay in the contract renewal while commissioners examine AMR and integrated pathways across the system</p>	
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	<p>SK and I met the ccg to discuss respiratory MUR advanced (to be taken forward)</p> <p>AF screening project has been ongoing work and set up . the AHSN have stringent governance and sign off processes with the LEAD PM leaving last week and therefore caused delay in the despatch of devices and documents which are extensive. More than 18 reiterations of the documents have taken place with daily conference calls. Unfortunately, it is matters delayed at their end and Pharmacies have expressed frustration and many queries have arisen. I have highlighted the risk of the December period being the busiest time of year and that the limited timeframe of project as well as actions not being completed timely after the event is impacting the engagement and potential uptake.</p> <p>NPA visited AV's pharmacy and also contacted me – with a view to try and get feedback from the ground as to the challenges faced at this time</p> <p>self-care comms will be going out and I have been asked to approve the comms. I had requested they remove reference to retail prices due to variation in stock, Retail price models and current stock fluctuations.</p>	
8.	<p><u>LPN Chair Update</u></p> <p>DMIRS went live across the East Midlands on 6/11/2018, with national communications on Twitter last week. There will be more localised comms out soon on the radio and community pharmacies may be asked to get involved.</p> <p>DIMIRS sign up for LLR is at a good level (at 142), and pharmacies are being kept updated as NHSE request the LPC to update them – this is ongoing.</p> <p>NHSE have not provided a letter for patients take to their GP after visiting the pharmacy; it is the responsibility of the pharmacy to contact the GP to confirm the type of appointment required.</p> <p>There have been 89 referrals from DMIRS, with 5 escalated for an urgent appointment. Pharmacies do need to complete pharm outcomes for each referral so that it demonstrates the worth of using community pharmacy. PV reminded that here is a device - pharm alarm where pharmacies pay about £1.00 a week for a service to alert them when a notification is received. The cost of the service is minimal bearing in mind the investment in DMIRS.</p> <p>Garry Myers commented that he had bought the devices recently for his pharmacies and would be happy to provide honest feedback before LLR LPC goes ahead and suggest this to the network.</p> <p>DHU – still some work to do with call handlers, patients are being offered a chance to complete a survey and this will hopefully provide good feedback.</p> <p>Transfer of care going live soon – a launch event for pharmacies may be an idea.</p> <p>JL commented about the on-demand palliative care contract which is now expired. JL asked if this was ceasing totally or just a lapsed contract? Obvious concern is if the scheme ceases is there a mechanism for pharmacies to claim current stock lines, we have purchased that we will not dispense?</p>	

9.	<p><u>Chief Officer Support Report</u></p> <p>5 aspects to his role at present, working 8 days a month, of which 6 days are committed to MURs/NMS, 1 day to hep C and 1 day to AF screening, roughly.</p> <p>BBV (in conjunction with the University) – new branches being added to the service, 800 screenings, 76 blood tests and service will run until March.</p> <p>Walk in my Shoes – funding agreed, but not received LK following this aspect up, if funding is still available how best should it be used.</p> <p>COPD/Asthma – SK/LK had a meeting and are progressing as appropriate</p> <p>AF Screening – all passed onto LK, nothing happening with service at present, but LK is updating contractors</p> <p>MURs/NMS- spending time as agreed visiting pharmacies, 3 bands 0-100 group visited 18/30, 101-200 4/19 visited, and 201-350 5/29. 351-400 4/63. Total of 22% coverage in October and November. Pharmacy visit record sheets are scanned and uploaded to dropbox for reference by AG and filed in a folder at LPC office. In the New Year, the pharmacies will be mapped to the LPC Committee members – AP147 VM/AG . Key shared feedback, delivery patients requested to come in for an annual review and MUR completed then, other top tip was to conduct an MUR when Flu injection completed.</p> <p>SK reminded the committee that it is possible to switch on their IT system to notify the pharmacy when an MUR is due.</p> <p>Hep C – all audits completed, next stage meeting agreed for Thursday 6 December to move to next phase</p>	
10.	<p><u>PSNC Rag Rating</u></p> <p>These have not been completed by all LPC committee which makes it very difficult to agree a rating at this meeting. This will need to be completed at a future date and LK will work with AG to collate common themes.</p>	
11.	<p><u>LLR LPC Business Plan and Resource Review</u></p> <p>SK opened the discussion about the business plan, and said it was important to re visit as the environment had changed since it was written, and the new committee may find it difficult to own something that was not developed by them.</p> <p>JL suggested it might be easier to use the existing Chief Officer KPI document as the start of the discussions, need to be able to record the activity and annual outcomes, and this should be the number one thing.</p> <p>SK asked the committee what success looked like? We know what our stakeholders are doing, what have been the objectives at the meetings and what are the outcomes. In essence what affects contractors and what are our stakeholders doing and this should drive the LPC business plan. JL agreed the work plan and business plan need to marry up. VM commented that the direction of business travel must be in the plan.</p> <p>SK said that once the business plan was agreed, the committee should conduct a bold annual review (within 3 months of the new financial year), progress against the KPIs should be reviewed at every LPC meeting and should become a standing agenda item. Of the 225 Contractors we represent how many NMS, MUR, Flu ? How much effort can the committee put in to add impact and inspire contractors?</p> <p>CP added the plan should reflect what is being done to achieve the agreed KPIs.</p> <p>SK suggested the committee take some time to consider the document, and then feedback what could change; JL suggested giving contractors support to develop their businesses and this includes the doing the things that meet a local need.</p> <p><u>Discussion continued later in meeting -see minutes</u></p>	

	LUNCH	
	<u>OPEN SESSION</u>	
	<p><u>Parminder Gill Primary Care Support Officer - NHSE</u> The committee introduced themselves, and Parminder gave an overview of her career to date, she is currently in transition into the Primary Care Contracts Team, looking at Pharmacy applications and DMIRs primarily. Her previous experience was as a PA to a director.</p> <p>LK asked whether the Christmas and New Year opening hours information was available; Parminder confirmed that it was, and she would email the information to LK.</p> <p>Contract Monitoring Visits – LK asked how many have taken place, and what common themes had been identified as this would enable the LPC to provide support and guidance to pharmacies.</p> <p>LK also requested information about the Public Health Campaigns planned for 2019, as this will help the LPC with planning events for contractors and targeted support.</p> <p>AV asked whether MUR information had to be submitted by email in addition to or instead of using NHS BSA, the meeting felt that an email was not required, and AV agreed to check again. In the meantime, Parminder will investigate this and send an update via LK/AG.</p> <p>Parminder requested that the generic email address was used to contact her at present until all contractors had been updated with her email details.</p> <p>In order to support Parminder and meet contractors, SK offered to arrange for Parminder to spend time locally in a pharmacy to better understand the contractor base.</p>	
	<p><u>Jit Parekh - Midlands and Lancashire CSU</u> Jit introduced himself and explained his role within the Commissioning Support Unit, mainly communications and marketing work with NHSE, events, workplace health events and social media. He thanked the LPC for inviting him to the meeting and for the opportunity to attend the LPC meeting.</p> <p>Jit shared figures about the uptake of NHS 111 supported by a growing awareness and the national TV adverts; patients using the urgent care centres had also increased, and there are extended hours within GP surgeries and the Urgent care hubs to support patients within Leicester, Leicestershire and Rutland.</p> <p>Jit also talked about the attendance at A&E, primary reason is dislocation/fractures followed by respiratory problems and ad gastrointestinal. If we can move patients out of A &E and into community pharmacy this will free up GP appointments and ease pressure on A&E departments.</p> <p>NHS111 on line, triage on line as a pilot scheme, also an app is due soon.</p> <p>Social media, looking for local input, urge the committee to get involved and share local stories. The committee suggested a template to cascade to contractors to complete and return with their stories.</p> <p>This winter, NHS England and Public Health England have introduced a new overarching brand that brings together all the winter health campaign activity - ‘Help Us, Help You’. The winter campaign is delivered in phases that target different audiences with different calls to action to help people get the right help for them – including self-care. This includes messages about flu immunisation, staying well in winter, NHS 111, community pharmacy and extended GP hours. There are resources such as leaflets, posters, guides and resource packs for pharmacies – both digital and hardcopy.</p> <p>AP 148 – LK to invite Dan Graham to the next LPC meeting.</p>	

	<p><u>LLR LPC Business Plan and Resource Review</u></p> <p>SK thanked the committee for taking the time to fully consider both documents. The KPIs belong to the whole committee, and all agreed there should be a standing agenda item each LPC meeting. We should adopt a target for the benchmark to mark achievement against.</p> <p>Need to strip out duplication and use one table to show how we are tracking against the KPIs and what our priorities are.</p> <p>Summary Care Records – who are the pharmacies not using this, why not use this as part of the role of the LPC committee as a reminder to change culture – why wouldn't you use SCR rather than spend time on the telephone.</p> <p>QPS – 96% engagement at gateway criteria – what further support can be given and target those branches</p> <p>The committee agreed there was still work to be done to finalise the business plan, which would continue with the Exec and Review committee.</p>	
	<p><u>Garry Myers – PSNC Regional Representative</u></p> <p>Garry gave a confidential summary to the committee and answered the questions raised. He reminded the committee to look at the PSNC website for the funding summary.</p>	
	<p><u>Simon Dukes visit on Monday 19 November 2018</u></p> <p>SK and LK met with Simon Dukes and prepared a number of questions / points for discussion for him:</p> <ul style="list-style-type: none"> • Current Landscape (NHS) strategic drivers • Current Issues in CP, the here and now • Funding, contract negotiations etc • Legislative pressures FMD IG GDPR Brexit etc • FYFV GPFV Carter 10-point plan • Commissioning • Role of the LPC • Planning for the future • Stakeholder engagement – STP PSNC NHSE PCN etc <p>The feedback we received was that the future direction of travel is still local commissioning which creates its own pressures. The JR has set us back in terms of not being able to negotiate whilst JR in place, yet the NHS has continued to evolve, the NHS will continue looking for efficiency and digital solutions, but bricks and mortar pharmacies will always be needed, but he can see that some will not be viable.</p> <p>There was a Pharmacy Integration event in Birmingham that was attended by Brice Warner and Ricard Seal, the theme was about pharmacy integration, not working in Silos and workforce development, slides available on Dropbox, here similar issues were discussed – particularly how pharmacy needs to evolve to become an integrated offering and utilise tools available such as NHS mail and SCR to demonstrate that we can work as part of a system, the focus was still on Systems, Places and Networks with local commissioning at ICS / CCG level.</p>	

	<p><u>AOB</u></p> <p>AT confirmed the levy holiday for contractors would be December 2018 and January 2019.</p> <p>The £1000.00 payment had been received from SK and AT asked for this to be minuted, this relates to an overpayment made in error but is now resolved.</p> <p>AT asked the committee is they were happy for AG to receive an increase in pay as she had not received sick pay as under the earnings limit. This was likely to be approx. £4.00 a week. The committee agreed with this suggestion. AG will communicate figures to AT to progress and thanked the committee for their support and good wishes while she was off.</p> <p>In the absence of a vice chair and following the discussions earlier in the meeting AV offered to support SK, by taking on the role of vice chair and this was seconded by HV.</p> <p>Thanks were given to AV for all his work on the Waste Medicines campaign</p>	
	<p>Meeting closed at 4.50pm</p>	

**Date of next meeting is Monday 21 January 2019
9.00am to 5.00pm**

Signed (Chair)

Name

Date.....

last reviewed LK – 31/1/2017