

**LEICESTERSHIRE & RUTLAND PHARMACEUTICAL COMMITTEE**

**Annual General Meeting**

**Monday 23 September 2019**

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

**7.00pm to 9.30pm**

<b>Present:</b>	<p>Satyan Kotecha (SK)– Outgoing Chair  Rita Patel (RP) Chief Officer  Sue Hind (SH) Chair  Altaf Vaiya (AV) vice -chair  Mohammed Bharuchi (MB) Treasurer  Jane Lumb (JL)  Shezad Alimahomed (SA)  David Evans (DE)  Vinay Mistry – Service Development Lead  Ailsa Garner – Administrator</p> <p><b><u>External Visitors</u></b></p> <p>Liam Stapleton – Metaphor Development  Meera Shah – CPPE Tutor  Richard Chapman – GPhC Inspector  Garry Myers – PSNC Regional Representative</p> <p>John Kenna – Professional Standards Manager - Boots  Also present were 31 Contractors from LLR, represented by 45 people present</p>
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1.	<p><b><u>Apologies for Absence</u></b></p> <p>Apologies were received in advance from LPC members Meyur Patel, Has Mukh Vyas, Gurikbal Singh and Harmanpreet Kler.</p>	
2.	<p><b><u>Arrival and buffet</u></b></p> <p>Opportunity for contractors to network prior to the meeting with LPC members and external guests from 6.15pm onwards</p>	
3.	<p><b><u>Welcome and Introduction</u></b></p> <p>SK welcomed all to the AGM, ran through the agenda and introduced the guest speakers.</p> <p>SK thanked the outgoing LPC treasurer AT and all the members of the LPC for their support in preparing for the AGM. He introduced Mohammed Bharuchi as the new treasurer, Sue Hind as Professional Chair and Rita Patel as the new Chief Officer. The previous Chief Officer, Luvjit Kandula, left the LPC in February 2019 and is now at PSNC</p> <p>SK thanked all present for their valued engagement with the LPC, there are feedback forms on each chair and the LPC would appreciate all feedback from contractors, to help shape future events and training.</p>	

4.	<p><b><u>Approval of draft minutes from AGM held on Monday 24 September 2018</u></b></p> <p>SK read through the minutes of the AGM held on Monday 24 September 2018, a copy had been circulated both by email and through the post and there were spare copies available to contractors if required this evening. There were no amendments to be made to the minutes.</p> <p>SK asked for a proposer and seconder for the minutes of the meeting held on Monday 24 September 2018 Proposed by Krunal Shah (Omcare) and seconded by Rahul Patel (Brothers) as a true record of the LLR LPC AGM.</p> <p><b><u>Matters arising</u></b></p> <p>There were no matters arising</p>	
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5.

**Chair's Report – Full report included in Annual Report documents**

It is once again an honour and privilege to write the Chair's report for Leicestershire Leicester and Rutland Local Pharmaceutical Committee. I confidently pass the baton to Sue Hind as Professional Chair for the committee moving forward and wish to thank contractors and the committee for their support through the year that has made my tenure as chair so rewarding and enjoyable. During the past twelve months we have seen many changes to the NHS landscape, with STPs evolving into integrated Care Systems and the evolving Primary Care Networks I anticipate both opportunities and challenges for Community Pharmacy.

We say farewell to a number of colleagues, a particular thankyou goes to Luvjit, our Chief Officer who has taken a role with PSNC leading on LPC engagement and Primary Care Networks, her passion and drive to advance community pharmacy will I am sure serve her well in her new role. The LPC also says farewell to our treasurer Adam who has steered the committee's finances admirably ensuring we are financially sound and stable whilst minimising impact on contractors. I welcome Rita Patel as our chief officer together with Vinay Mistry as our Service and Engagement Lead. I trust this investment in LPC infrastructure will strengthen the committee to support contractors with the challenges and opportunities for community pharmacy moving forward. During the past twelve months the LPC has continued to build relationships with both strategic stakeholders and our contractor base. We have collaborated on services such as Blood Borne Virus and Hepatitis C screening showing some great results demonstrating the value of community pharmacy in public health services. We started work last year to develop a framework for respiratory consultations in community pharmacy with the three CCGs and Anna Murphy, this work has progressed to face to face inhaler technique training and support for over a hundred pharmacies across LLR with more events planned for the future.

It is with sadness that we saw a number of local services such as Minor Ailments and Smoking Cessation in the City come to an end, but I am hopeful that the promotion of Community Pharmacy in Self Care and public health will create opportunities in the future, particularly with the indications of a national Digital Minor Illness Referral Service, building on the pilot work in LLR.

The past year has seen significant pressures in community pharmacy, I am amazed by the resilience and dedication our contractors show in dealing with these pressures whether they be financial linked to funding and cashflow, workforce and supply chain issues to name a few. We look forward to some respite in the funding challenges with recent PSNC announcements and also the stability of a five-year funding settlement. Whilst there is a lot of detail needed, I am confident that the contract negotiations will present opportunities for community pharmacy whilst not forgetting the valuable role of dispensing that drives the footfall and patient contact unique to community pharmacy.

I close my address with sadness as this will be my final Chairs report, I am still a member of the committee and have recently been given the opportunity to become a Diabetes UK Clinical Champion which will ensure my continued engagement with Community Pharmacy Locally. May I take this opportunity to thank you all once again for the continued hard work support and enthusiasm despite challenging times that you have shown throughout the year, this has been a true motivation and inspiration to myself personally and the committee.

Satyan Kotecha (Chair Leicester, Leicestershire and Rutland LPC)

6.

**Chief Officer's Report - Full report included in Annual Report documents**

As standing in as a Chief Officer (interim) after Luvjit left I can report briefly on the activities that I performed from January this year.

Firstly, I would like to extend a huge vote of thanks to all the hard work that Luvjit did for the LLR LPC and all the contractors. She worked tirelessly for 5 years for us and has made some hugely impressive inroads to our relationships with many of the stakeholders within LLR.

The following is a brief summary of the position that we are working towards.

The AF screening project was complete, there were some very positive outcomes to the service, we had opportunities to take part, and there has been some learning to take from the project. On a patient's perspective it was very well received, and we even managed to test the local MP Jon Ashworth at a visit to a pharmacy in Evington, who was very impressed. Further thoughts are that we try and develop further trials in the near future.

Fluenz nasal vaccine administration for schools mop up has been another success this year and the service looks to continue again this flu season.

Plans for the events to standardise the MUR and NMS in the respiratory sector were well underway, with multiple meetings with three CCGs to help upskill the pharmacists to deliver standardised MUR and NMS on inhaler technique. The project involved the contributions from Dr Anna Murphy who is always enthusiastic about pharmacists and what we can do.

Discussions were undertaken with the De Montfort University and the pharmacy integration project to develop a course for upskilling the community pharmacist.

Repeat ordering in city and west CCG , the two CCGs were planning to stop third party ordering from the local pharmacies and several meetings were held to help mitigate problems when the final date has been decided. Lessons learnt from the transfer in East were shared and better design of the process was discussed.

The county has had a change of PGD in Emergency Hormonal Contraception, to include as a first line Ella One, then Levonegestrol as the second line. The Pgd's were approved by the LPC and have now been circulated to all contractors. It is worth noting that the training requirements have been altered to not preclude anyone if they have completed the online CPPE course and commit to attending a face to face CPPE training when available.

City do not plan to change their PGD currently.

A service called TCAM, is a post hospital discharge project , UHL and LPT are both involved, the project has now started and involves discharge information being electronically sent to the patients nominated pharmacy.

Hepatitis C project has been launched and will run until the summer of 2019, set up help was from Vinay Mistry who worked hard to get all the contractors on board. The

BBV project ( Blood Born Virus) was a huge success has now ended, but there are very positive results from the service and stake holders were pleased with the project. Special thanks go to Vinay Mistry for his help driving these projects forward.

We held a very successful event in February with help from the Cambrian Alliance, a very informative evening was had by all.

Also, through the year we have had visits from the local MP John Ashworth who met representatives of the LPC at Pearl Chemist in Evington, along with a visit from Simon Dukes of the PSNC. Simon Dukes also visited Leicester in November 2018 to talk to local pharmacy contractors.

Lots of work has gone on to support the contractors in many ways, the office team, Ailsa especially makes sure that all the statutory information has been shared with the contractors and updates the website regularly. Our thanks must go to Ailsa for all her hard work.

There was a successful bid for a small fund to help pharmacy integration and I am pleased to say that the bid was successful and the LPC now has £15k that is set aside for a project called 'Walk in my Shoes' . This will involve development of community pharmacies with their local GP practices. Look out for this in the coming months.

Finally, I would like to welcome our new Chief Officer, Rita Patel who started on the 15th April, we all wish her every success in her new role, and we are looking forward to the challenges ahead in the coming year and the support of all the contractors.

I have now been employed as your Chair and will promise to strive to help push pharmacy into the new and exciting NHS environment.

7.

**Treasurer's Report**

MB provided the Treasurer's update and financial report as detailed in the Annual Report, circulated by email and post.

MB's report confirmed that a two- month levy break in December 2018 and January 2019 had been agreed by the LPC to support contractors and use some of its reserves. This equated to a saving of around £132.00 per pharmacy contractor across LLR. The committee is in a healthy financial position and as well as using LPC funds to provide evening training events, and other contractor support we felt a rebate in the form of a levy holiday would be welcomed in these difficult financial times. The LPC has adhered to new ways of working over the last 12 months and is in a healthy financial position as a result. We are constantly looking for ways to re-invest LPC money into training and support that benefits local contractors and the pharmacy profession.

The accounts have been reconciled by Adam Thomas as outgoing Treasurer, MB as current treasurer and (as per our governance) are also audited by an independent accountant Sharman Fielding.

In line with LPC and PSNC governance the accounts have been available for contractors to view 30 days prior to the AGM and will now be formally signed off following a vote to close the years accounts by the contractor's present at the AGM. As ever the committee operates with total transparency and the treasurer will try to address any questions raised by contractors within a reasonable time frame. A full set of accounts can be viewed on request.

My thanks go to the Chief Officer, Chair, exec officers and committee members for their ongoing support and governance of the finances of the LPC and I also wish to thank the Pharmacy contractors who fund the LPC and make our work possible

**Approval of Accounts by LPC Contractors**

SK asked those present to vote on acceptance of the account.

22 contractors voted in the room to approve the accounts for 2018/19 as presented, and 2 postal voting forms received by deadline stated. In addition, Boots had approved the accounts representing 29 contractors.

0 votes against approval

0 abstention.

**The accounts were duly approved.**

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**PCNs**

SK updated the meeting about PCNs, and as Primary Care networks evolve the LPC is creating a structure for community pharmacies to mirror PCNs with a lead for each of the networks. Not only with this ensure we are prepared for the opportunities that PCNs will bring but also strengthens collaboration between contractors and other healthcare professionals to work more closely together.

The committee has developed a briefing document for PCNs which has been well received and we look forward to a formal launch in the Autumn.

	<p><b><u>How can we get community pharmacies involved?</u></b></p> <p><u>It is important that community pharmacy teams are fully engaged in the work of PCNs to optimise their provision of services to patients because the future development of local services will be influenced by PCNs.</u></p> <p><u>LPC is working to try to get community pharmacy teams fully engaged in PCNs</u></p> <p>This includes identifying a local community pharmacist to act as a lead for the sector in each PCN</p> <p><u>NHS England sees the initial priorities for community pharmacy engagement in PCNs to be:</u></p> <p>supporting the provision of integrated urgent care services, e.g. NUMSAS and DMIRS work on prevention, such as provision of public health interventions and services, building on the work of HLPs</p> <p>These priorities are also likely to be reflected in discussions on changes to the community pharmacy contract in 2019/20</p> <p>Locally, other priorities may be agreed with PCN leaders, which may initially include optimising the provision of existing services, such as MUR, NMS and electronic repeat dispensing.</p>	
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**External Visitors**

**Liam Stapleton**

Liam from Metaphor Development gave a presentation around creating a cost-effective dispensing service

The importance of focusing on the dispensing service, remuneration and reimbursement, and reducing losses, thereby increasing margin, looking at Category C

Concessionary prices

Specials

Supply what is prescribed

Recognise products with no discount

Monthly application

Concessionary price paid automatically

NCSO - Rx must be endorsed

Problems

Start of month – what will you get paid?

Mid-month – availability of stock at that price

End of month – submission for payment

Awaiting collection

Owings

**Specials**

- Don't confuse specials with *special obtains*
- Always endorse SP
- You can't claim out of pocket expenses
- For Part VIII B items get prescriptions for the minimum volume

**Improving dispensary efficiency**

- Proactively manage prescription volume
- Use skill mix effectively
- Manage interruptions
- Electronic Repeat Dispensing

**Proactively manage the dispensing process**

- Do you know your prescription numbers?
  - Walk in
  - Collection
  - EPS
  - Homes
  - Repeat Dispensing
- How can you manage dispensing these prescriptions more efficiently?

**Use skill mix effectively**

- How much pharmacist time is spent doing things that don't need to be done by a pharmacist?

- How much technician time is spent doing things that don't need to be done by a technician?

**Manage interruptions**

How much time would your team save if they weren't being interrupted during dispensing?

How can you remove interruptions?

Separate operations and customer service teams

Separate area for repeat dispensing

Dedicated "trouble shooter"

Out of hours dispensing

**Electronic Repeat Dispensing -Benefits**

Improved stock control.

Increased efficiency.

Effective time management.

Reduction in managed repeat workload.

Fewer trips to collect prescriptions from GP practice.

**Monitor your purchases**

Obtain purchase data from your supplier(s)

What are your top 50 lines?

By volume

By price

Purchase price vs remuneration price

What have been your costs for concessionary items?

What options do you have?

**Monitoring payments**

Total items

Advanced service payments

Other service payments

Switched items / fees

Out of pocket claims

Expensive items

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**Meera Shah CPPE Tutor**

Meera spoke about the NHS Long Term Plan, launched in January 2019 and focuses on ensuring that more people receive care in the community rather than attending hospitals. The plan will deliver fully integrated community-based healthcare, which includes referring people to community pharmacists to support urgent care and promote self-care and self-management. As part of the work to integrate community pharmacy into local NHS urgent care pathways a new pathway, defined as the Digital Minor Illness Referral service (DMIRS), has been tested in the North East since December 2017 and in London, East Midlands and Devon since 2018. High satisfaction rates have been reported, with episodes of care completed safely and appropriately instead of having to wait for a GP appointment.

The Community Pharmacy Contractual Framework introduced in 2019 includes a plan to nationally roll out the NHS Community Pharmacist Consultation Service (CPCS). This

brings together the DMIRS and NUMAS services that previously existed in certain areas of the country.

The aim of these workshops is to support pharmacists to develop the knowledge, skills and confidence needed to undertake effective consultations, communications and clinical assessments in order to provide the NHS Community Pharmacist Consultation Service (CPCS).

This is a full-day workshop and includes various activities on physical examinations, history taking and clinical transfers and safety netting. You will also have the opportunity to work through several case studies so that you can apply your knowledge.

After completing our *NHS Community pharmacist consultation service: clinical assessment – essential skills* workshops, you should be able to apply tools and techniques to demonstrate a structured person-centred approach to clinical history taking and apply evidence-based practice and relevant guidance to support clinical reasoning and engage the person in shared decision making, such as NICE Clinical Knowledge Summaries.

Meera urged contractors to sign up for the event as spaces were being filled.

NHS Community pharmacist consultation service: clinical assessment - essential skills workshop, Sunday 1 December 2019, from 09:30 – 1630 at Mercure Leicester The Grand Hotel (LE1 6ES)

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#### **Richard Chapman – GPhC Inspector**

Richard spoke about the GPhC approach to inspecting registered pharmacies,

- Regulating registered pharmacies and publication of inspection reports
- Guidance for registered pharmacies providing services at a distance, including on the internet
- Guidance to ensure a safe and effective pharmacy

#### **Key principles**

- To be flexible, agile and responsive to the information we hold, intelligence we receive and issues we identify within pharmacy
  - Inspections should reflect as closely as possible how patients and the public experience pharmacy services day to day
  - The overall outcome of an inspection is clear and understandable
  - All standards for registered pharmacies need to be met every day
  - The outcome of an inspection is open, transparent and accessible to members of the public
- Insights from inspection activities are accessible to everyone in the pharmacy sector

#### **Key changes at a glance**

1. Changes to the types of inspections
2. Moving to unannounced inspections
3. Changing inspection outcomes
4. Requiring all standards to be met to receive an overall 'standards met' outcome
5. Publishing inspection reports
6. Sharing examples of notable practice in a 'knowledge hub'

### **Routine inspections**

- Every pharmacy to continue to be inspected
- Moving to a more flexible programme, informed by indicators of risk when identifying which pharmacies should be inspected first
- Inspections to be unannounced as a general rule
- Any standard not met will result in pharmacy receiving 'standards not all met' outcome – An improvement action plan will be required if the pharmacy receives a 'standards not all met' outcome

### **Intelligence-led inspections**

- We will undertake rapid response inspections, initiated following intelligence identified from: – Concerns raised about a pharmacy or people working in a pharmacy – Other organisations – Media stories – Intelligence from inspectors
- Will result in a written inspection report
- To be unannounced as a general rule
- Could be undertaken jointly with other regulators / bodies (such as CQC, MHRA, commissioners)

### **Themed inspections**

- We will take forward a programme of themed inspections which will involve visiting a selection of pharmacies to focus on specific themes or issues
- Enabling us to better understand underlying issues, their causes and effects
- Composite reports will be published to inform the sector on the issues and risks that have been found
- Findings will inform discussions on how to continually improve pharmacy services in these areas

### **Changes to inspection outcomes**

Excellent practice - Demonstrates innovation, performs well against the standards  
Good practice - Shows positive outcomes for patients, performs well against most of the standards  
Standards not all met - One or more of the standards not met  
Standards met - Meets all of the standards

### **Learning from inspections**

- We have published a report sharing what we have learnt from carrying out over 14,000 inspections covering every pharmacy in Great Britain since 2013, based on independent analysis
- This analysis shows that the vast majority of pharmacies (over 85%) are meeting the standards
- The analysis identified some key themes, patterns and trends which every pharmacy and pharmacy team can use to improve

### **Making sure medicines are clinically appropriate for patients Online pharmacies will have to make sure that:**

- there are robust processes in place to carry out identity checks on people obtaining medicines
- the pharmacy team can identify requests for medicines that are inappropriate, including multiple orders to the same address or orders using the same payment details
- the pharmacy websites do not allow a patient to choose a prescription-only medicine and its quantity before there has been an appropriate consultation with a prescriber

**Further safeguards for certain categories of prescription-only medicines Further safeguards will have to be in place before supplying:** • antimicrobials (antibiotics) • medicines liable to abuse, overuse or misuse, or where there is a risk of addiction • medicines that require ongoing monitoring or management • non-surgical cosmetic medicinal products, such as Botox

**Transparency and patient choice** Pharmacy owners will have to supply more details about where the service and health professionals involved in prescribing and supplying the medicine are based and how they are regulated, so people have enough information to make an informed decision about using the service and can raise concerns about the service if they need to.

**Regulatory oversight**

Pharmacy owners working with prescribers or prescribing services operating outside the UK must take steps to successfully manage the additional risks that this may create, including assuring themselves that the prescriber is working within national prescribing guidelines for the UK

Find out more

- Visit the GPhC website – [www.pharmacyregulation.org](http://www.pharmacyregulation.org)
- Join the discussion on social media - @TheGPHC on Twitter - [Facebook.com/TheGPhC](https://www.facebook.com/TheGPhC)

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**Garry Myers – PSNC Regional Representative**

Garry updated the meeting about The Community Pharmacy Contractual Framework 2019/20 to 2023/24, a five-year settlement with a commitment to developing clinical services through community pharmacies.

**How did the negotiations work?**

There were many hundreds of hours of negotiations on the various elements of the proposals, and on crucial topics put forward by PSNC, such as the cost of provision of pharmacy services. The negotiations meetings were all tripartite, taking place between officials from DHSC and NHSE&I and members of PSNC’s Negotiating Team.

The PSNC Negotiating Team includes senior members of the PSNC team, as well as representatives of multiple pharmacy businesses and independent contractors, elected by the full PSNC Committee.

Throughout the negotiations, recommendations from PSNC’s Negotiating Team were taken back to the full PSNC Committee for further discussion. At every step of the way the Negotiating Team and Committee thought about what was in the best interests of community pharmacy contractors.

**The proposed funding trajectory was downwards**

We know that there was a desire to further reduce funding for community pharmacies following the imposed funding cuts.

Previously, the Judicial Reviews brought by PSNC and the NPA had ruled that reducing funding was legal for the Government, if it felt this was all that was affordable. NHS

funding has also now been set to deliver the Long-Term Plan. There is no appetite from some parts of Government – Treasury – to invest in community pharmacies, indeed they want to make dispensing more efficient.

**There were many uncertainties**

There was a relatively short window of opportunity to conclude this agreement. Brexit has been the focus of HM Government and is likely to once again become all-encompassing for Parliament and officials in the near future. This had already severely limited the capacity of DHSC and others to focus on wider business, such as the pharmacy funding negotiations, and might have done so again. Alongside this, the Conservative Party were electing a new leader, which created greater uncertainty – the change in administration and ministers might have left us negotiating with people who were less sympathetic to pharmacy.

Had we failed to reach agreement, we did not know what the NHS and DHSC might have done – whether imposing more funding cuts; rethinking the services they wanted to commission from us; or opening up the market to enable remote dispensing at scale, perhaps cutting out many pharmacies from the process completely.

**So why did we agree this multi-year settlement?**

What this deal gives us is a vision for our future. It sets out what community pharmacies will deliver through the Community Pharmacy Contractual Framework (CPCF) from October 2019 through to the end of 2023/24.

This includes a range of new services that will be piloted and introduced over the course of the five years to support the delivery of the NHS Long Term Plan. The Government has committed to funding of £2.592bn per year for community pharmacy until 2023/24. This protects funding and provides stability at the current levels for the next five years. Of course, PSNC wanted to negotiate more money for contractors, and we made the case for contractors' costs very strongly indeed.

What we able to do was to persuade the Government not to continue to reduce pharmacy funding, and to give us certainty for a five year period – this was no easy task. The Committee voted for the deal because we felt it was the best deal that we could get, and because it gives us a future and opportunities to expand the services that we can offer patients. We agreed the deal because we believe it:

- Protects community pharmacy funding at a time of Government austerity and unprecedented political uncertainty;
- Increases investment in the sector compared with original Government plans;
- Provides pharmacy with opportunities to transform and prove our value;
- Gives opportunities to explore new funding models and to improve the delivery of funding to contractors;
- Gives the chance to pilot and roll out new services;

	<ul style="list-style-type: none"> <li>• Provides opportunities to look for new ways to make efficiencies and to further integrate within primary care; and</li> <li>• Marks the beginning of a new, collaborative relationship with our key customers.</li> </ul> <p>The vision for services that the Government has set out in the deal matches the sorts of services that we have been asking for many years – we hope that on a professional level many contractors will be excited about the opportunities, although of course we do not underestimate the challenge to getting there – change is always difficult, and particularly so when so many pharmacies are struggling financially</p> <p><b><u>CPCS overview</u></b></p> <p>The Community Pharmacist Consultation Service (CPCS), offers a real opportunity for the sector to demonstrate its value in delivering in areas that are key priorities for our customers and its ability to contribute to the delivery of the NHS Long Term Plan. If we can do this right, we will make ourselves even more indispensable to many of our primary care colleagues by taking the burden of minor illness away from their doors.</p> <p>The CPCS will be introduced <b>gradually</b> over the course of the settlement, with the first wave in October being to take referrals from NHS 111.</p> <p>Many pharmacies are already involved in the provision of NUMSAS and DMIRS which will form the basis of the first iteration of the service from October 2019, and PSNC is working with colleagues from across pharmacy to ensure that you have all the guidance and support you need to start the service.</p> <p>If you haven't already done so, please read the joint deal document – it's a crucial document for your future and sets out everything that we have talked about today.</p> <p>There are also lots of detailed briefings on the PSNC website and these are being added to and updated as more details emerge.</p> <p>You can listen to Simon Dukes, PSNC CEO, tell you all of this on the PSNC's webinar, or better still, make sure you attend one of the PSNC Roadshows.</p> <p>Garry answered questions raised following his presentation</p> <p>SH thanked all guests for attending the AGM and for their informative presentations</p>	
9.	<p><b><u>Q&amp;A</u></b></p> <p>A brief question and answer session took place with questions raised on a variety of topics affecting Community Pharmacy raised by contractors</p>	

10.	<p>SH thanked the external guests for their informative presentations, and the contractors for attending the AGM. Feedback forms are available to complete, and information about the NHS Advocacy Scheme was on each chair.</p> <p>Meeting closed by Chair at 9.30pm who thanked everyone for attending</p>	
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