1) Present
Members: Niranjan Annamalai (NA), Steve Howcroft (SH), Wasim Malik (WM), Karen Maltman (KM), Lynn Patterson (LP), Sam Tandoh (SAMT), Steve Taylor (ST)

Officers: Nick Hunter (NH) (Secretary), Chris Bland (CB) (Chair), Allan Green (AG) (Vice-Chair), Greg Campbell (GC) (Treasurer)

In attendance: Alison Ellis, (AE) Admin secretary

Attending
- Osman Chohan, Chief Pharmacist, Rotherham Hospital
- Kirtan Purohit, Clinical Pharmacist, The Rotherham NHS Foundation Trust
- Garry Myers, PSNC regional representative
- Andy Beesley, Medication Management Solutions

Apologies
- Raz Saleem, Medicines Management, Rotherham CCG
- Stuart Lakin, Medicines Management, Rotherham CCG
- Catherine Hall, Head of Safeguarding, Rotherham CCG

Observers
- Nasima (Sam) Begum, Maltby Pharmacy
- Jon Whitelam, Boots Pharmacy, Healthcare Partnership Manager
1. Closed agenda 9.30am (until finish)

1.1 Welcome and introductions
CB welcomed observers and introductions were given.

1.2 Any Other Business for discussion later in the meeting to be given to chair

1.3 Apologies for absence
- None received

1.4 Acceptance of the minutes from 14\textsuperscript{th} January 2016 – Attachment A1
Minutes were agreed and signed as a true and accurate record of the meeting on 14\textsuperscript{th} January 2016.
Proposed by ST and seconded by AG.

1.5 Matters arising (not on the agenda) – Attachment A2
1 CSE – MASH
Catherine Hall was invited to the LPC meeting but unfortunately she was not available – invite to May 2016
Gill Harrison has not sent through any information for the LPC website – AE to contact Gill Harrison again
CSE training cancelled for 10.03.16 and maybe 17.03.16 due to the speaker being in a car accident.
NH has also raised issues regarding the times of the training (5-8pm) being organised as not suitable for pharmacy.

<table>
<thead>
<tr>
<th>Action:</th>
<th>NH/AE to invite Catherine Hall to the next LPC meeting in May 2016</th>
</tr>
</thead>
</table>

| Action: | AE to contact Gill Harrison / Sally Jenks regarding checking the CSE / safeguarding details on the LPC website and ask if she can provide any details that need changing. |

2 Committee changes
Included details of committee member numbers being changed from 14 to 11 and also independent vacancy in the recent Rotherham LPC bulletin.

3 Primary Care sub committee
NH has attended the subcommittee and CCG board meetings and made to feel very welcome. Meeting dates are included on the agenda.

4 Member / contractor allocation
Few changes due to member reduction and vacancy. AE to update and send out to members.

| Action: | AE to make changes to the member / allocation spreadsheet and send out to members with explanation on why the LPC uses this for new members. |

5 Preparing bids and business cases
Slides from the bids and business cases are not available – ST has contacted PSNC a few times but not been sent through. PSNC have now produced a webpage with links from the workshops on and so the useful information may be included on this.

6 Julie Kitlowski (CCG)
AE to include Julie Kitlowski in invite to the May / July LPC meeting.
Good to have a catch up and review from the last time Julie attended – not much has changed regarding contact with the CCG. Raise MAS and Emergency Supply again. Relationship with Stuart Lakin and Raz Saleem good and they have been attending most LPC meetings, but little / no other forthcoming engagement.
7 Accountable CD officer
Details for the CD accountable officer have been sent through and these have been changed on the LPC website.

8 Emergency supply scheme
Not received any information from Stuart Lakin regarding data from the Out of Hours service and extending the Emergency Supply Service. Emergency Supply has been commissioned for Easter.

9 PH services
Not received any information on the contractual requirements for PH services and AE to contact Gill Harrison / Sally Jenks for this and then include on the next LPC bulletin. Create a service spreadsheet with this information and also contract end dates etc.

Action: AE to include table of services and what contractual requirements re training etc are needed on the LPC bulletin.

10 Emergency care
NH has not met with Jo Martin yet.

Action: NH to meet with Jo Martin to go through ways that pharmacy can help – MAS and Emergency Supply plus communications - meet with Gordon Laidlaw

11 Bulletin
Included an article asking contractors to remember to send through changes in details to commissioners

13 Rotherham CCG board meeting
AE sent these through to AG and also been added to the LPC meeting agenda

2 Governance Items

a) Strategy Plan – Attachment B (NH bringing to meeting)
   Review this as we go through the meeting and bring up outstanding items at the end of the meeting so all items are covered.

b) Independent vacancy
Nasima Begum, Maltby Pharmacy, is attending the meeting this month to observe and see if this is something she wishes to be involved in before committing to become a member.

3 Chief Officer reports

3.1 EPS
   3.1.1 Implementation reports for Rotherham LPC – Attachment C1
   No further information re go lives – NH has raised this with HSCIC to see if can encourage gp surgeries to do this as now only got the reluctant ones left.

   3.1.2 LPC SCR Meeting – Attachment C2
   Rolling out soon
   Facilitating training events – multiples are doing their own. Well have been encouraged to attend the events with the independents. NHS Midlands and Lancashire CSU have been commissioned to provide the training and information sessions.
Problems with RA issues – authorising smartcards
Need to pre-prime the RA with dates that going live and give smartcard numbers
NH/AE need to check the process with Victoria Lindon and then put onto the website
NH to write to Victoria Lindon and explain the problems with RA – members to feed any other issues to NH.

Weldricks are trialling Identity Agent 2 software for HSCIC – few problems been raised

GPhC inspectors are very interested in SCR as well as PGD’s review dates

**Action:** NH to contact Victoria Lindon regarding the problems with RA and smartcard authorisation

### 3.2 Meeting with Sarah Frost – Lilly UK – Attachment D1 and D2

Training program available for Diabetes – keen to do an educational event
Plenty of pharmaceutical companies wishing to speak to NH – see if they can attend and sponsor a LPC meeting and then see if relevant for training with contractors
NH will send details for educational events across to LPFs.

### 3.3 General Pharmaceutical Council (GPhC) consultation on standards for pharmacy professionals

Members noted this consultation is due out soon

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**Hub and Spoke presentation - Andy Beesley, Medication Management Solutions**

- different models of automation, where they fit in, who is doing what and what it might mean to contractors

NPA are doing an evaluation of hub and spoke - 10\(^{th}\) March report is due – webinar

Automation – used to aid dispensing of prescriptions
Discussed different models

**Hub & spoke**
Pulling out of the pharmacy (spoke) to the hub (main pharmacy) – used for common activities (compliance aids) – hub does the work then sent back to the spoke. Only within companies at the moment.

**Hub & satellite**
Satellite doesn’t need to be a pharmacy – can be a corner shop – hub puts together the prescription and then this is sent to a satellite base to be collected. Like click and collect from catalogues.

**Hub & spoke cooperative**
Independents working together to achieve efficiencies

**Nationalised centralised dispensing**
Big organisation – this is the government’s aim

**Wholesale**
Providing services to other companies

**Benefits**
- Move from branch to central location
- Reduce the total time of work
- Customer contact stays at the local branch level
- Improve quality – speed up process, free hours to do other services, computer so less mistakes
- Compliance aids - Pharmacy spend a lot of time putting together MDS – average pharmacy 300 trays = 75 hours – when automated reduced to 15 hours

Costs £3000 per month
Independents – would need at least 5 preferably 10 independents to join together – need to put in existing pharmacy
Financial structure is worse
Supervision rules – need to change if wish to work overnight without a responsible pharmacist being present.

Thanks given to Andy Beesley for attending and explaining the differences within automated dispensing

<table>
<thead>
<tr>
<th>Gary Myers, PSNC regional Representative</th>
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</thead>
<tbody>
<tr>
<td>➢ PSNC confidential update</td>
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<tr>
<td>PSNC have been taking legal advice – think going to get the extension to the consultation - End May 2016</td>
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</tbody>
</table>

Campaign is working - postcards are filling up MP postbags and so realise there is public support for pharmacy and so MP’s are asking questions of the government.

Emergency Supply
Evaluation of the amount of emergency supply calls / referrals received via out of hours – asked for data locally – PSNC wanting to commission a national scheme so no need to pursue the local service.
Department of Health have agreed to handover the data and audit info

National Flu service
No details as yet, but if commissioned anticipated to be similar / same as GP model

<table>
<thead>
<tr>
<th>Pharmacy Funding Cuts – campaign plan</th>
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<tbody>
<tr>
<td>See links for details</td>
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<tr>
<td><a href="http://psnc.org.uk/psnsc-work/communications-and-lobbying/community-pharmacy-in-201617-and-beyond/">http://psnc.org.uk/psnsc-work/communications-and-lobbying/community-pharmacy-in-201617-and-beyond/</a> and</td>
</tr>
<tr>
<td><a href="http://supportyourlocalpharmacy.org/">http://supportyourlocalpharmacy.org/</a></td>
</tr>
</tbody>
</table>

➢ Update from contractor event
Disappointed re CCA attendance at the event – 96 people booked and only around 3 CCA attendees
CCA have sent out one email saying support the Pharmacy Voice response but nothing further – nothing about what may happen. Boots have agreed to support NPA campaign and can distribute the postcards. Need CCA to make staff aware of what is going on.

If cuts come in and taken from the establishment payments this will affect the average pharmacy the most. Whatever happens there will be fundamental changes to the way pharmacy operates. There were good questions and debate at the event. Shared the costs across the 4 LPC’s so minimised the costs

NPA postcards – need to have stamps – patients may not wish to pay this. If pharmacies collect them in then can drop off at the constituency offices – delivery drivers may be able to do.

➢ Summary of actions so far
Sarah Champion – no response – involved in CSE – leaves pharmacy to Kevin. She visited Abbey Pharmacy recently so is aware of pharmacy.
John Heeley – supportive but not signed early day motion as doesn’t as policy
Meetings attended - NH takes the petition and cards and raises during the meetings when can.
Meeting with Sir Kevin Barron MP
Feeding through Heidi Alexender, Shadow Minister
Good dialogue with Kevin Barron – pro-pharmacy

Key stakeholder identification
Not had much dialogue with CCG – aware of it but no support
Need to contact Julie Kitlowski re this and effect on gp’s
LMC – nothing back from them

Next steps – including marketing and comms (+ Hallam FM?)
Further meetings with Hallam FM – learnt a lot, expensive but because across 4 LPCs then made economical – need to look at wider / regional / national level (Bower)
If use radio needs to be in a more focused way – flu vaccination – need to think about this asap

Need to consider radio but also other routes too.
Need to look at how promote in pharmacy – coordinated approach with gp surgeries
Multiples are good at advertising with big posters etc but need to help independents

If flu service is not commissioned nationally then expect that it would be done locally.

Need to know what marketing NHS England are going to be doing nationally so that it is coordinated.

Need to promote pharmacy in general to help the campaign – Karen Maltman has expressed an interest in helping with media / marketing.

SY LPCs meeting - it was discussed about comms and marketing – Weldricks use a media company (??) – NH meeting with her next week with Sheffield, Barnsley, and Doncaster – other option is to employ someone across SY.

Chair reports
4.1 NPH Healthcare contract review – agree process
Agreed that GC, CB and AG would meet with NH in April 2016

Action: NH to arrange date in April for contract review with GC, CB and AG

4.2 Check members have sent in PH certificates
PH have stated that they had not received may certificates back but when members were asked they stated that they had sent theirs in so seems to be some issue with communication

4.3 SYB LPCs meeting – verbal report from 02 March meeting
CPAF shortened version
completed by most contractors only 4 contractors that need to complete the full CPAF by the end of the month – mostly change of ownerships.

Matt Auckland and Victoria Lindon, NHS England attended – useful to discuss things with them and get updates from the area team.

GC attending the next meeting

HWB – place on the board
Putting draft proposal to HWB stating why the LPC wish and think should have a seat on the HWB.
NH has been speaking with other LPC members who are on a HWB and they feel that they don’t see what
they get from being on the board other than building up relationships. Rotherham LPC have a good relationship with most attendees already. Members felt that it would be worth attending the meetings and NH agreed to write to the HWB.

**Action:** NH / CB will write to the HWB expressing the LPC’s interest in being involved in the HWB meetings and representing pharmacy contractors.

### 5 Topics for discussion

#### 5.1 2016 presentation support from the NPA – does the LPC want to organize contractor events using NPA support. Topics on offer from the NPA include:

- GPhC premises standards (NB there will be changes to the inspection regime effective part way through 2016)
- EPS (possibly supplemented with SCR)
- Drug tariff (& Check34)
- Managing Controlled Drugs
- Patient safety – minimising dispensing errors
- Falsified Medicines Directive
- Leadership courses for pharmacists
- Repeat dispensing (Changes to the standards for all registered pharmacy professionals - a consultation on this is due to take place from March-May 2016)

NPA provide the speaker and subject but the LPC need to fund venue etc

Members felt that EPS and repeat dispensing would be good topics but not until later in the year

NPA facilitate useful and relevant webinars and advised members to login to these.

**Action: AE to include training review on July LPC meeting agenda**

#### 5.2 Trial for repeat ordering scheme -pilot

original scheme was in Luton. Also being done in Coventry and about to start in Sheffield - Issue re pharmacies over ordering according to CCGs

**Centralised repeat ordering**

Pharmacy have less control of work flow as prescriptions can be coming in at any time.

Stock issues – only hold what need so will either lead to more owings or having to hold more stock

- Sheffield – pilot over 8 surgeries

If extended then average 1hour per day per pharmacy x 120 pharmacies = 15 full time staff- not sure what the business plan is for the pilot. Also suggestion patient can only contact between certain times.

Remit is to actually challenge if patients need the medication – not sure what expertise there is – heard that been approaching community pharmacy technicians – feel that there is going to be problems as not experienced enough to deal with all queries faced by pharmacies.

Only EPS prescriptions???

Any pharmacies involved in the scheme advised to send any queries back through to the CCG phone line

### Open meeting guests

Osman Chohan, Chief Pharmacist and Kirtan Purohit, Clinical Pharmacist, The Rotherham NHS Foundation Trust
Happy to have regular dialogue with the LPC and attend the LPC meetings. Been in post since June 2015

Lots of changes for Rotherham Hospital – wishing to move services out to community

**MDS**
Pharmacy have always provided a MDS when clinically needed but over the last 5 years there has been an increase in care providers stating that they need MDS - companies policy state that they cannot give unless in MDS.

Hospital – patients coming into hospital on NOMADS or patients whose social circumstances change and discharged on NOMAD.
- Feel have a disproportionate amount of NOMADS in Rotherham
- Rotherham Council care workers – if not put into MDS then cannot administer – care workers are from various companies in Rotherham
- What do they do with medicines that do not go into NOMADS?? – matrons, family, patient does it themselves.
- Community pharmacy sometimes provide these just to ensure that they keep the patient – often threatened with 'I will go to another pharmacy as I know they do them'.
- If it is just a prompt to take the medication then can use text messaging or other forms of IT / assistive technology.

It is disempowerment of patients.

**Solutions**
Domiciliary MAR chart (Humber and East Ridding) – use original packaging
£2.60 per mar chart issued
Audit trial for carers when use MAR charts but not when use MDS

Text messaging reminders (Assistive Technology - Nottingham) – sit with patients and tailor the message and times for the reminders. Commissioned by CCG.

Doncaster MDS scheme – commissioned by Doncaster Hospital
Use this system but change to 14 days prescription faxed and initial supply given by community – better communication and gp will find out information straight away from the pharmacy. Discharge information would be helped using this method

Need mechanism of how to address stepping down from MDS after discharged from hospital and health improving.

Proposing to put together a joint paper to take through to Rotherham Council

Medicines waste – big problem when issue 28 days

**Communication with pharmacies from hospital colleagues**
- NHS email – not everyone has this in community
  Encrypted emails can be used – need to have the sites whitelisted for multiples
- SCR
Sheffield use ICE –
- PharmOutcomes – every pharmacy has this and are used to using this – Chesterfield, NUH, Sherwood Forest Hospitals have started using this for discharge information. IG compliant
  Need to look at purchasing license – could work with Rotherham Council to use their licence

Some of the discharge systems can feed into PharmOutcomes but not all.
Include on the discharge summary that referring to the NMS service

- Brand new emergency centre – need pharmacists to be involved – MAS – if increase Pharmacy is accredited not individual so any pharmacist can do this service

- Emergency Supply – looking at extending to all weekends rather than just bank holidays Osman Chauhan is linking in with Joanne Martin

AE to Include Osman and Kirtan on the open meeting distribution list for LPC meetings

CB stated that the LPC are happy to talk at hospital meetings

Combining the hospital medicines committee and APC – query call it Joint Medicines Optimisation committee – NA and ST willing to sit on this committee.

Public Health update – sent by Sally Jenks and added into minutes

IT System:
Procurement process went ‘live’ on 17th February with a deadline of 17th March 2016. Looking to award contract during April 2016 with new system to be in place for October 2016.

End of year arrangements/NEO:
The deadline dates for entries to be made on the system and checked remains the 5th of the month, therefore please ensure all data is checked and no duplicates for supervised consumption showing by the 5th April 2016.

Pharmacy Needle Exchange:
Firstly PH have produced revised guidelines with support from RDaSH Drug & Alcohol Services and these have been shared with the Health Protection Committee for information.

Secondly pharmacists have been recently notified of a decreasing trend of return rates by 10% over the last 12 months which has been more noticeable over the last few months. It is crucial that injecting drug users are encouraged to return used works issued with return bins at every transaction and staff promote safe disposal. Whilst return rates are only ever a proxy measure performance across Rotherham half the pharmacies operating a needle exchange are below 60% and 5 of these under 50%. Public Health will continue to monitor the return rates and contact pharmacists where significant changes are evident.

Return rates on contracts – in one word – Disappointing.
At the time of writing (9/3/2016) 2 days past the deadline date for returns of documents, the rates are (this includes valid carry overs from the previous request for evidence).

<table>
<thead>
<tr>
<th>PH Service</th>
<th>Insurances</th>
<th>Substance Misuse (Pt1)</th>
<th>Substance Misuse (Pt2)</th>
<th>EHC</th>
<th>Safeguarding</th>
<th>CSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providers who’ve returned:</td>
<td>7</td>
<td>4</td>
<td>7</td>
<td>10</td>
<td>8</td>
<td>4</td>
</tr>
</tbody>
</table>

It is imperative we get the returns in before the end of March. PLEASE

Actions:
- Members are going to go and chase their companies
- Include in bulletin – ask Sally Jenks for more information

We are moving location within Riverside, we are now Floor 2A – contractors will be informed by email.
6 **NHS Contract Matters**

Market Entry Spreadsheet – **Nothing received**

- Regulations Table – on the meeting documents page (website)

**6.1 New contracts-Routine**
Nothing received

**6.2 New contracts-Excepted**
Nothing received

**Contract applications received from other areas**
Nothing received

**6.3 Litigation**

6.3.1 SHA/18224 – application for inclusion in the pharmaceutical list offering unforeseen benefits
By: Singh’s Medical Limited
At: Flanderwell Lane (between junction with Central Avenue and St Johns Avenue, Wickersley, Rotherham, S66 3QT

**Oral hearing** - wc 4 April 2016 or 11 April 2016 - TBC
WM is attending as contractor and LPC will send representative
Nick is not available on 04.04.16 but CB will deputise if it is on this date.

**6.4 Decisions**
Nothing received

**Decisions from other areas**
Nothing received

**6.5 Responses received.**
6.5.1

**6.6 Amendment to Pharmaceutical List**
6.6.1

7 **Treasurer Report (Greg will bring)**

7.1. **Finances for January / February 2016** – Attachment E1 and E2 (greg will bring)
GC updated members on current finances and circulated hard copies of his report.

7.2 **Budget 2016/17** – Attachment F1 and F2
Re-categorised the accounts spreadsheet
Worked out that costs would be £3000 less than this year. £85000
Reduced marketing budget – if decide to do something significant again then perhaps look at raising the levy to fund this.
Added in a chair honorarium – need to agree amount
  - Members felt that it was right to give an honorarium due to the amount of work CB does during the week other than attending meetings that backfill is paid for.

Members to be more proactive and attend more meetings – in a position now that have the budget to fund this
Need to look at Supporting contractors with training and contractor cuts – nothing allocated but there is a £3000 contingency

Reserves £42000 – is it necessary to have 50% reserves? – NPA and PSNC are using reserves for the campaign. Feel that it would be best practice to use the reserves if needed rather than increase the levy

LPC meetings and backfill – costs have been based on last years

Decisions
Amount per meeting: Fixed costs of £200 per meeting – locum costs are going down – unanimous vote for implementing
Chair honorarium: unanimous decision to have honorarium and decided on £200 after discussion around workload and hours given.
Levy increase: agreed that no levy increase was needed as would use the reserves if needed as per PSNC and NPA.

7.3 PSNC levy – Attachment G1 and G2
Agreed to pay in April 2016

7.4 Statistical prescription data from NHSBSA – November and December 2015 – Attachment H1 and H2
For information

8 Research
Nothing to report

9 PSNC Communications
  Members are advised that many PSNC communications are now communicated electronically and repeated on the PSNC website. It is recommended that members regularly visit the PSNC website ‘LPC members’ area to access the latest information available on http://psnc.org.uk/. Let Alison know if you are not receiving these and we will contact PSNC and ask for you to be added to the list.

Items in Bold are for highlighting / discussion

9.1
9.1.1 NCSO/Price Concessions January 2016 (update)
9.1.2 News: PSNC demands clarity on NHS England long-term plans; Flu fighter awards; Patient safety survey; DH permits use of antivirals against flu
9.1.3 PSNC Update: Further details and PSNC’s response to the Government plans for community pharmacy
9.1.4 News: Latest on Government plans for community pharmacy; EPS costing study; Better transparency for contractors; CPPE courses; Health & Care Review
9.1.5 Price Concessions January 2016 (further update)
9.1.6 PSNC News psnc@psnc.org.uk
9.1.7 Share your EPS experiences; Latest CPN now online; Drug Tariff updates: Positive emergency supply study; Oral anticoagulants toolkit published
9.1.8 PSNC Update: Service development proposals published
9.1.9 NCSO/Price Concessions February 2016
9.1.10 NCSO/price concessions February 2016 (update)
9.1.11 News: Contractor meetings on Government plans; Final call for views on EPS; PCSE online portal coming soon; Making your AKI pledge
9.1.12 PSNC News Alert: EPS survey - Last chance to have your say
9.1.13 News: Last chance to book for contractors meeting; PSNC comments on GP contract; Joint community pharmacy campaign; Your views wanted on NHS charges
9.1.14 NCSO/price concessions February 2016 (updated)
9.1.15 LPC News: Local commissioning support; Market entry master class; Health devolution event; HLP newsletter published

9.1.16 News: Funding for SCR rollout; Remember to submit flu vaccination claims; Changes to prescribing rights; New adult health campaign; Focus on BLF

9.2 PSNC Events
1) Media Skills training – 4th March and 15th March
   KM has registered interest – on waiting list

2) Contractor meeting – 10/03/16 London

3) Market Entry masterclass – 27.04.16

9.3 Regional meeting – 16.03.16 – Agenda items
   Member to send these through to NH

10 Reports (some items will be covered in the open meeting)
   a) NHS Commissioning Board Area Team update
      i. SY Flu meeting 30 March.16 @ 9.30am (Oak House) – Attachment I1 and I2 and I3

   b) Local Authority update
      i. Rotherham PNA update – Attachment J
         - Taken out care home advice

      ii. HWB strategy – mental health workshop 15 March – GC attending

   c) CCG update
      i. Primary Care Sub Committee – next meeting 13th April @ 1pm – Elm Room, Oak House –
         Attachment K
         - NH or CB can attend

      ii. Rotherham CCG board meeting – next meeting is 6th April 2016 – Elm room, Oak House –
         Attachment L1 and L2
         Need to add links to the agenda. AG attending

   Action: AE to add link to the Rotherham CCG board meeting onto the LPC meeting agenda

   d) LPN
      a) Verbal update (NH)
         Peter Magirr – asked for meeting around funding cuts – Keith Ridge has asked for LPNs response directly
         Included revising prescription levy – re waste management

         Operational plan – Matt Auckland looking at good practice from the SY area.
         Still don’t have proper contracts for CCG services – no specifications. CCGs should have NHS Standard contract so contracts are not legal.

11 Communication
   11.1 Pharmacy Voice
   Pharmacy Voice audit documents – Attachment M1, M2 and M3
For information

12 Members reports
Nothing to report

13 Any matters for discussion not on the agenda (AOB allocated to either open or closed session as appropriate) – items need to be raised before the meeting by speaking to Chair or Chief Officer.

*Items to be raised with the chair at the beginning of the meeting*

Website
Update the members page and also the events page
AE has said that she will spend a chunk of time to update this over the next month

**Action: AE to update the website before the next LPC meeting**

14 Future meetings – generally the 2nd Thursday of alternate months

<table>
<thead>
<tr>
<th>Dates</th>
<th>Time</th>
<th>Venue</th>
</tr>
</thead>
<tbody>
<tr>
<td>12th May 2016</td>
<td>9.30am – 5pm (2pm – 4pm open)</td>
<td>Ibis Hotel, Moorhead Way, Bramley, S66 1YY</td>
</tr>
<tr>
<td>14th July 2016</td>
<td>9.30am – 5pm (2pm – 4pm open)</td>
<td>Ibis Hotel, Moorhead Way, Bramley, S66 1YY</td>
</tr>
<tr>
<td>8th September 2016</td>
<td>9.30am – 5pm (2pm – 4pm open)</td>
<td>Ibis Hotel, Moorhead Way, Bramley, S66 1YY</td>
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<tr>
<td>10th November 2016</td>
<td>9.30am – 5pm (2pm – 4pm open)</td>
<td>Ibis Hotel, Moorhead Way, Bramley, S66 1YY</td>
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</table>

Close of meeting – 3.25pm

Signed as a true and accurate record:

Proposed by: Niranjan Annamalai
Seconded by: Steve Taylor

Approved by original signed by Chris Bland and members present at the LPC meeting
Chris Bland, Chairman
12th May 2016