



Minutes of the Meeting held Thursday 19th May 2022
at Washingborough Hall Hotel, Church Hill, Washingborough, Lincoln, LN4 1BE

Chair

Paul Jenks	CPL Chair and LPC Member CCA rep	PJ
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LPC Members present

Marc Brooks	CPL Vice-Chair and LPC Member AIMp rep (arrived at 1.30pm)	MB
Chris Kenny	CPL Treasurer and Member AIMp rep	CK
Blazej Jasnowski	CPL Member AIMp rep	BJ
John Broomhead	CPL Member AIMp Rep (arrived at 1.15pm)	JB
James Stout	CPL Member CCA rep	JS
Milena Krusinska	CPL Member CCA rep	MK
Rob Severn	CPL Member CCA rep (arrived at 9.50am)	RS

In attendance

Tracey Latham-Green	CPL Chief Officer	TLG
Hazel Sisson	CPL Admin Support Officer	HS

Apologies

Chirag Ahir	CPL Member Independent rep	CA
Chris Mulimba	CPL Member Independent rep	CM

Abbreviations

4PPC	Four Pillars of Primary Care
CO	Chief Officer
CCG	Clinical Commissioning Group
CP	Community Pharmacy
CPL	Community Pharmacy Lincolnshire
CPPE	Centre for Pharmacy Postgraduate Education
CPPQ	Community Pharmacy Patient Questionnaire
CPWM	Community Pharmacy West Midlands
CRG	Clinical Reference Group
DMS	Discharge Medicines Service

DOC	Declaration of Competence
DOI	Declaration of Interest
GDPR	General Data Protection Regulation
GP	General Practitioner
GP CPCS	General Practice Community Pharmacist Consultation Service
ICSSs	Integrated Care Systems
LDC	Local Dental Committee
LMC	Local Medical Committee
LOC	Local Optical Committee
LPC	Local Pharmaceutical Committee
MYS	Manage Your Service
NIHR	National Institute for Health Research
NHSE	National Health Service England
NRF	Non-Recurrent Funding
PACEF	Prescribing and Clinical Effectiveness Forum
PCN	Primary Care Network
PCSE	Primary Care Support England
PEQ	Patient Experience Questionnaire
PGDs	Patient Group Directions
PhAS	Pharmacy Access Scheme
PMS	Pharmacy Management System
POD	Pharmacy, Optometry and Dentistry
PQS	Pharmacy Quality Scheme
PSNC	Pharmaceutical Services Negotiating Committee
RPS	Royal Pharmaceutical Society
SIP	Systems Improvement Programme
STPs	Sustainability and Transformation Partnerships
ULHT	United Lincolnshire Hospitals NHS Trust
UOL	University of Lincoln

Minutes:

Item	Details	Resp.
19/05/1	Welcome, introductions & apologies	
	<ul style="list-style-type: none"> Apologies passed onto the committee from CA and CM. The committee was informed that MB and JB would be joining the meeting this afternoon. 	
19/05/2	Committee Governance	
	Declarations of Interest (DOI) <ul style="list-style-type: none"> RS forwarded an updated Bio for the website to TLG. The committee acknowledged that there were no changes to be made. 	All TLG
	Competition Law Guidelines <ul style="list-style-type: none"> Milena to be shown a copy of the Competition Law Guidelines. 	PJ, TLG

	<ul style="list-style-type: none"> The committee acknowledged that there was no change to our stance on this matter. 	
19/05/3	Notes from the previous meeting	
	<p>Matters Arising</p> <p><i>Newark Road Surgery</i></p> <ul style="list-style-type: none"> The committee confirmed that Newark Road Surgery had merged with Portland Medical Practice. <ul style="list-style-type: none"> Website and PCN information to be updated. <p><i>MP Engagement</i></p> <ul style="list-style-type: none"> TLG is writing to MPs at the moment. CK commented that Market Street - Gainsborough would be a better site for Sir Edward Lee to visit. <ul style="list-style-type: none"> CK to advise TLG of potential dates in July which can be offered to Sir Edward Lee. 	<p>PJ, TLG</p> <p>CK, TLG</p>
19/05/4	Update from Chair and Chief Officer	
	<p>TLG updated the committee on key work since the last meeting:</p> <p>Integrated Care System/CCG</p> <p>ICS Development</p> <p>The Chief Officer attended the CCG meeting at the end of April, where it was confirmed that Lincolnshire is still on track to become an ICS as from 1st July 2022. The ICS will take on delegated commissioning of pharmacy, dentistry and optometry as from April 2023.</p> <p>Primary Care Transition Oversight Group</p> <p>CPL will be members of the Primary Care Transition Oversight Group (confirmed 10th May meeting) which feeds into the Primary Care Commissioning committee, meeting virtually, monthly on 1st Wednesday of the month. The group is looking at ways to ensure the four pillars of primary care can work together effectively across the system and that decisions made at the centre or in one area do not adversely impact other 'pillars', potentially destabilising the system. The initial meeting provided an update on the development and progress of the work being undertaken in readiness for taking on delegated responsibility for dental, ophthalmic and pharmaceutical services with effect from 1 April 2023.</p> <p>The Group will be the key forum for ensuring achievement of the standards set out in the Pre-Delegation Assessment Framework, which include:</p> <ul style="list-style-type: none"> Transformation Governance and Leadership Finance Workforce Capability and Capacity Data, Reporting and Analytics Infrastructure 	

- Health and Care Geographies

This meeting has been scheduled to align to the current development of the operating model principles, which will be agreed by the Midlands Systems by 1 June.

Routinely this Group will then meet on the first Wednesday of each month.

ICS Strategic Representation

We met with the ICS strategic management on Weds 18th May to further discuss governance and oversight, following a briefing meeting attended by the Chair on Friday 29th May where the nomination process for the primary care board member was discussed. The member will be appointed via a four-stage process. Only General Medical Practices ('organisations') can nominate, but they could (in theory) nominate someone from any of the 4 Primary Care Professions (Medical, Pharmacy, Dental or Optom). However, it is most likely that the nominated person will be a general practitioner.

From our perspective, the most important part of the primary care board member role is that the person is open to understanding the four pillars of primary care, not just their specialist area, and that a structured system is in place to ensure regular engagement between the board member and the four pillars of primary care representatives. It has been agreed that the appointment interview panel for the Primary Care Board Member will consist of one individual representing each of the four pillars of primary care pharmacy, optometry, dentistry and general practice and another representative selected by the ICS. This means that we can ensure the individual put forward for appointment has an understanding of the work of community pharmacy and has a clear vision of how they will ensure continued understanding of the complex interactions across the whole of primary care when discussing plans at strategic level. This is very good news for community pharmacy, as in other areas the entire process has been completed by the GP representative body the Local Medical Council whereas in Lincolnshire we are working together with primary care colleagues to ensure a fully integrated health and care system.

Translation Services

Through our relationship with the ICS the Chief Officer has been pushing for access to a language and translation service, which has now been confirmed. Communication around access to these services was supposed to be produced and sent out in March, but there was a delay. We received the following response from Sarah Jane Mills' PA:

Sarah has liaised with NHS E and has provided the following feedback:

"Carole Pitcher at NHSEI has confirmed that Language Line is in place across the East Midlands for Primary Care Services,

therefore this would include Pharmacy, Optometry and Dental, the email below is correct and communications were due to be distributed however discussion across the Midlands region has been taking place on the current arrangements and extensions, therefore the Comms are being finalised and they are hoping to share shortly. Once Carole has the Comms from the team it will be shared with Sandra and I."

We look forward to being able to access, and promote access to, the service shortly.

Ongoing Relationship Building

In addition, the Chief Officer is setting up a regular 1:1 with Sarah Jane Mills at the ICS, similar to those she currently has with the LMC Chief Officer. This will enable us to develop a relationship whereby if we at CPL have any concerns or feel that issues aren't progressing as agreed, we can contact her and we can discuss and resolve. This would have been helpful in progressing the access to translation services and information around DMS roll-out at ULHT so this is a positive step going forward.

DMS

DMS roll-out has been delayed. Our CCG contacts have stated that the total £18k DMS support funding received by the three trusts has been used to develop a roll out plan, but DMS referrals will not take place via the new EPMA until December 2022 at the earliest, but most likely next financial year. The LMC and LPC wrote jointly to the Primary Care Commissioning Committee in March, asking for DMS roll-out to be placed on the risk register, so that a formal plan can be put in place to allow pharmacists to refresh DMS skills and prepare for a fixed timeline and plan based on limited and structured roll-out (for example, starting with single conditions or poly pharmacy referrals). The CO attended the Primary Care Commissioning Committee in mid-April where the last item briefly referred to the letter we had sent (but Discharge Medicine Service was not mentioned specifically rather 'dispensing') and a response is due to be sent to the LMP and CPL and that a plan was in place. We await this response.

The action from the last meeting "TLG to investigate toolkit for action and payment around DMS" has therefore been given a lower priority. Another Chief Officer is working on something noted in the gaggle group so TLG will monitor.

A committee discussion followed.

LPN Funding

As noted at the last Committee meeting, the Chief Officer attended a meeting to discuss this funding in early March. Lincolnshire will be receiving £25,000 LPN funding which we will be able to spend on one or several areas yet to be confirmed. CO has been liaising with other Chief Officers in the Midlands to try and find where this funding has gone. The CO attended a meeting on Wednesday 18th May.

Suggestions included that Community Pharmacies in LLR have access to Shared records. Also, the regional work re patient safety and support for DMS and smoking cessation – neither of which are active in Lincolnshire. Jackie Buxton noted: NHS Trusts will get the 0.2 WTE funding (Band 7) shortly to support DMS and Smoking Cessation. They are likely to combine and recruit people a few days/week across a system. They will focus on the Trust end so some resource to link in with them and support the community pharmacy end may work really well.

However, Sam Travis clarified that we need to come up with a plan for how we will spend the £25,000 to work with the local system. A link to the IPMO programme in the local system was suggested as a good place to focus however an earlier meeting suggested support to PCNs would be ok. A template will be forwarded to us to complete asap (The CO asked for a deadline but 'ASAP' was the answer. CO awaits receipt of a template to use. The bid would need to include 'awareness and support' a senior named person such as the Chief Pharmacist or System Lead Individual such as Vic Townsend. LPN Chairs can help in gaining this support if needed.

A committee discussion followed.

Hypertension and Smoking Cessation Services

There were 52 pharmacies signed up to provide the hypertension case-finding service as at 6th May 2022-see list attached. We will share this information with the LMC to see how we can work together to maximise patient benefits of this service.

ULHT are not yet referring into the Smoking Cessation Service but LPFT are, so this may be a source of referrals. There were only 4 pharmacies signed up for the smoking cessation service at 9th May 2022:

FQP80	29/04/2022	WHITWORTH CHEMISTS LIMITED
FE396	02/03/2022	TA BURLEY LLP
FMQ05	02/03/2022	BOOTS UK LIMITED (Mablethorpe)
FMK59	01/03/2022	HONOR HEALTHCARE LIMITED

DMU Training Offering

On Wednesday 4th May the Treasurer and Chief Officer met with Tim Harrison and Stephen Kelly from DMU to discuss a possible offer of modular training. A single day training including healthy living support and the impact of outside facts 'the wider determinants of health and well-being' on the work of pharmacists. This could potentially be funded from the Healthy Living Partnership NRF budget and focussed on key locations relating to deprivation factors to be agreed, thereby maximising impact utilising the limited budget. Tim was keen to ensure that University of Lincoln can be involved. CPL may approach UOL to find training space, but Josie from UOL has confirmed this will only be available outside of term time or in the evening. CPL are working with UOL on the Lifeguard Project, a

	<p>suicide and domestic abuse support programme in pharmacies so we have contacts at the university.</p> <p>CK commented that this had been a productive meeting. Decision making around healthy living and minor diagnostic decisions. A big list of suggestions was left and further contact is currently awaited.</p> <p>PNA Consultation</p> <p>At the last committee meeting it was noted that CPL had fed in a large amount of suggested amendments and comments to the draft PNA. The PNA is not out for consultation/comment until 20th June 2022. We share a link to the PNA and details of the deadline and a link to the relevant documentation and web page in the 'Upcoming Deadlines' section of the newsletter (extract included below for information):</p> <p style="text-align: center;">20th June 2022 - Consultation Deadline for Pharmaceutical Needs Assessment</p> <p>The Lincolnshire Pharmaceutical Needs Assessment (2022) will be published in October 2022 to review the locations, accessibility and the services provided by pharmacies in Lincolnshire both now, and with a view to the future. To achieve the best outcomes and give residents and interested parties a chance to comment and give feedback, there is a statutory consultation period of a minimum of 60 days on the draft content. The consultation starts on 19 April and runs until 20 June 2022 (63 days). An Executive Summary and all related information are available to download using this link</p> <p>Extended Care Services</p> <p>We are still awaiting final confirmation of the new Extended Care Services Specifications and the re-opening of sign up for new potential provider contractors.</p> <p>PJ informed the committee that there was a National steer around anti-microbial PGD's and making services accessible. PGD will be signed off and challenges are to be expected. There will be an increased fee and increased demands of work involved. There will be changes to PharmOutcomes, contractors will have to re-sign DOC, communications will be sent. There is still some work to be done with other sectors around anti-microbial PGD e.g. paramedics and some nurses.</p>	
19/05/5	Finance Update	
	<p>Finance report (including payments list and pension re-enrolment)</p> <p><i>Payments list</i></p> <ul style="list-style-type: none"> • CK talked the committee through the accounts spreadsheets. <ul style="list-style-type: none"> ○ RS commented that there had been no claims from Well due to staff member leaving. • The committee approved the payments list for March-April. 	

	<p><i>The People's Pension re-enrolment</i></p> <ul style="list-style-type: none"> • The committee discussed and agreed that this scheme worked well and should be kept. • Stuart will be enrolled into the pension after his probationary period is complete. • The committee discussed the implications with regards to the Chair and Treasurer. <ul style="list-style-type: none"> ○ To be held for further discussion at next meeting. <p><i>Bank Signatory</i></p> <ul style="list-style-type: none"> • The committee discussed and agreed that CK would show finances to Governance Committee and Chair. <ul style="list-style-type: none"> ○ PJ to be set up as a signatory. 	
19/05/6	Chair Timesheet Discontinuation	
	<p>For Discussion</p> <ul style="list-style-type: none"> • PJ provided the committee with an overview explaining that an LPC diary is also kept. • CK commented on the possibility of an honorarium paid monthly. <ul style="list-style-type: none"> ○ Converting Treasurer and Chair roles to appointments and pay an honorarium <ul style="list-style-type: none"> ▪ A committee discussion followed. <ul style="list-style-type: none"> • TLG suggested a basic job description is created detailing that an average of x amount of hours is worked each week. • Committee to review if additional hours are worked. <ul style="list-style-type: none"> ○ Review, approval and payment. • TLG to re-circulate basic job descriptions for Chair and Treasurer roles to the committee for comment. <ul style="list-style-type: none"> ○ The committee acknowledged the need for flexibility if a different Chair is appointed due to their existing day-time commitments. • The committee agreed that PJ no longer needed to complete time-sheets for his work undertaken in his role as Chair. 	TLG
19/05/7	Wright Review Contractor Vote	
	<p>Update since last Committee Meeting</p> <ul style="list-style-type: none"> • PJ briefed the committee around the background of meeting paper 7. • PJ informed the committee that we are co-terminus with ICS but we would become one of the smaller LPC's. • RS queried how we could encourage Independents to vote? <ul style="list-style-type: none"> ○ TLG has sent emails directly to nhs.net email addresses. ○ Information is on CPL website. ○ Weekly reminder in CPL Newsletter. • RS queried the visibility of who has voted? 	

	<ul style="list-style-type: none"> ○ TLG to make enquires with PSNC. • A committee discussion followed about LPC costs and Wright Review vote. 	TLG
19/05/8	Contraception Pilot	
	<p>For Information and Discussion</p> <ul style="list-style-type: none"> • PJ briefed the committee around the background of meeting paper 8. <ul style="list-style-type: none"> ○ They are looking to expand the pilot. ○ PJ had advised them that he would take the information to the committee for discussion. <ul style="list-style-type: none"> ▪ They wish to start with a specific locality first. <ul style="list-style-type: none"> • PJ commented that Lincoln would probably be best first. ▪ The committee was informed that they had been pushed back on service spec (DoC approach). ▪ Tier 1 Service – ongoing supply. ▪ Challenge – consultation is time consuming. ▪ Scope for appointment basis has been taken back to National Team. ▪ PJ commented on workforce capacity. ○ Committee was asked for feedback. <ul style="list-style-type: none"> ▪ Following discussion, the committee agreed that they are happy for this to start to be explored. 	
19/05/9	Implementation Monies: ENT Training	
	<p>Discussion and decision</p> <ul style="list-style-type: none"> • TLG briefed the committee around the background of meeting paper 9. <ul style="list-style-type: none"> ○ A survey had been sent to all contractors. <ul style="list-style-type: none"> ▪ 48 interested. <ul style="list-style-type: none"> • Lincolnshire Co-op will fill their allocated 39 places. • 9 other responses received. ▪ 20 per course over 3 days. • The committee discussed and unanimously approved. <ul style="list-style-type: none"> ○ Spare places could be used up by those close to the border. <ul style="list-style-type: none"> ▪ Boots have not sent a centralised response yet. ○ Two Saturday's and one weekday. <ul style="list-style-type: none"> ▪ 9am to 4.30pm. ○ Contractors would be responsible for consumables. ○ Biggest cost is training. ○ Can the training by run on a Sunday? <ul style="list-style-type: none"> ▪ TLG to follow up. <ul style="list-style-type: none"> • Unable to use Sleaford venue on a Sunday. 	TLG
19/05/10	Patient Experience Questionnaire	
	<p>For information</p> <ul style="list-style-type: none"> • PJ briefed the committee around the background of meeting paper 10. 	

	<ul style="list-style-type: none"> ○ NHSE have changed the topics for the Patient Experience Questionnaire (PEQ) previously called Community Pharmacy Patient Questionnaire (CPPW). <ul style="list-style-type: none"> ▪ Topic 1 – The ease of being able to speak to staff privately without being overheard. ▪ Topic 2 – The provision of advice on health problems and healthy living. ▪ Topic 3 – The timelines of provision of NHS Services. ○ TLG has designed and circulated posters to help contractors make their customers aware. <ul style="list-style-type: none"> ▪ Wording of posters was sourced from Health Watch Campaign. ○ TLG commented that our public facing website states that all our pharmacies have a consultation room. ○ How contractors ask questions of their patients is up to them. 	
19/05/11	Connected Pharmacy	
	<p>Discussion and information</p> <ul style="list-style-type: none"> • The committee was informed that PJ had gone to the launch event. <ul style="list-style-type: none"> ○ PJ commented that it was nice to connect to others. ○ Expectations need to be managed. ○ A committee discussion followed. <ul style="list-style-type: none"> ▪ Demands on pharmacy was acknowledged. ▪ Encouragement given to drop into other sessions. 	
19/05/12	GPCPCS Update	
	<p>For Information and Discussion</p> <ul style="list-style-type: none"> • TLG informed the committee that Stuart Hellon (SH) is in post. <ul style="list-style-type: none"> ○ SH Doesn't work on a Thursday, so may struggle to attend committee meetings. ○ TLG & SH have weekly meetings and SH produces a report on a monthly basis. • TLG briefed the committee on SH's background. • The committee was informed that SH is engaging with PCN and Clinical Leads. <ul style="list-style-type: none"> ○ Targeting people who have contacted him. ○ SH is contacting all pharmacies in a PCN to make them aware of GPCPCS. ○ SH is encouraging use of PharmRefer which is funded until 31st December 2022. ○ Good progress has been made with Boston. ○ Weekly meetings are held with Emily Topham (ET) at CCG. • The committee queried whether TLG could ask SH whether he could dial into July's committee meeting? • The committee was informed that the CCG are providing some externally funded GPCPCS training managed by ET. 	TLG
19/05/13	Annual Report 2021-22	
	For Information	

	<ul style="list-style-type: none"> The committee discussed. <ul style="list-style-type: none"> Following discussion “including additional activity were required” to be added to the attendance table under the column headed ‘Expenses – Backfill and Travel’. Draft accounts will be added once available. <ul style="list-style-type: none"> Discussion around ‘draft’ accounts was undertaken acknowledging that they can’t not be draft until they are ratified. 	TLG
19/05/14	Potential Naloxone Service	
	<p>For Discussion</p> <ul style="list-style-type: none"> CK has been in conversation with We Are With You regarding supply and training of Naloxone. <ul style="list-style-type: none"> Currently left with We Are With You. Good data was gained from EMAS. <ul style="list-style-type: none"> TLG and CK to meet up to discuss data from EMAS. <ul style="list-style-type: none"> A business case needs to be written. Consultation has just opened regarding Naloxone. Discussion is being undertaken around Needle Exchange. <ul style="list-style-type: none"> It was agreed that this is currently not cost effective. <ul style="list-style-type: none"> A committee discussion followed. 	TLG, CK
19/05/15	AOB	
	<p><i>CPWM – working group TOR</i></p> <ul style="list-style-type: none"> RS updated the committee. <ul style="list-style-type: none"> £2.83 per Contractor. Will run until funds run out. RS advised the committee that an interest has been showed. New terms of interest are being written. A member would be required to attend along with CO. TLG commented that it would be useful to be in contact with other CO’s. <p><i>AGM Speakers</i></p> <ul style="list-style-type: none"> MB commented that he had emailed Dr Ansari but has yet not received a response. The committee was informed that Novo Nordisk have expressed an interest in sponsoring the AGM. The committee discussed and agreed that a speaker would be needed to provide value. Following discussion MB will follow up with Dr Ansari. <ul style="list-style-type: none"> Possible topics could be: <ul style="list-style-type: none"> How he deals with people with sore throats wanting antibiotics. Dealing with patients – confidence and language. Potential title could be ‘Managing Patient Expectations’. <p><i>Novo Nordisk (2 info paper items)</i></p>	MB

	<ul style="list-style-type: none"> The committee was informed that Novo Nordisk would be happy to come to committee meeting. <ul style="list-style-type: none"> Following discussion, it was suggested that they could sponsor lunch and be allocated a 20-minute slot prior to lunch. <p><i>Night Light Café</i></p> <ul style="list-style-type: none"> TLG informed the committee that this was a drop in café for those in need. <ul style="list-style-type: none"> Would the committee be happy for Night Light Café to go into Lincoln pharmacies and leave information? <ul style="list-style-type: none"> The committee discussed. <ul style="list-style-type: none"> Expectations. Possibility of including information in newsletter. Signposting. <p><i>Lifeguard Project</i></p> <ul style="list-style-type: none"> TLG updated committee. <ul style="list-style-type: none"> NHS ethical approval is still awaited. Lay members going ahead. <p><i>PACEF</i></p> <ul style="list-style-type: none"> PJ briefed the committee about a presentation given by Medicines Management at a recent PACEF meeting. <ul style="list-style-type: none"> Inhalers with the lowest environment impact. Pharmacy would have to potentially stock multiple brands. <ul style="list-style-type: none"> Likely to see changes and advise to run down stocks of inhalers. A committee discussion followed. <ul style="list-style-type: none"> Could add something to newsletter about NHS Green Agenda. <p><i>Other</i></p> <ul style="list-style-type: none"> RS informed the committee that as of middle of August he would be moving to Rowlands from Well. <ul style="list-style-type: none"> There will not be an impact on CPL. After committee discussion and approval, PJ to complete necessary online paperwork to become a new signatory on the bank following the meeting. 	
	Meeting closed at 3.00pm	
	Date of Next full meeting	
	Thursday 21 st July – Half-Day Virtual meeting – Microsoft Teams	All

Action Log from May 2022 Meeting

Min No.	Action	Deadline	Resp.	Completion Notes
19/05/2	TLG to upload updated version of RS's biography to website.	ASAP	TLG	Complete
19/05/2	MK to be shown a copy of the Competition Law Guidelines.	ASAP	PJ, TLG	
19/05/3	Website PCN information to be updated to reflect merger of Newark Road Surgery with Portland Medical Practice.	ASAP	PJ, TLG	
19/05/3	CK to advise TLG of possible dates for Sir Edward Lee to visit Market Street – Gainsborough in July. TLG to contact Sir Edward Lee with the suggested dates.	ASAP	CK, TLG	Complete-12 th (pm), 13 th , 14 th July offered to Sir Edward in letter send early June. Await response.
19/05/6	TLG to circulate for comment basic job descriptions for Chair and Treasurer roles.	ASAP	TLG	24.05.22 – completed. Feedback requested by 15 th June.
19/05/7	TLG to contact PSNC to enquire about finding out which Contactors have voted, so that contact could possibly made to encourage those that haven't voted.	ASAP	TLG	Completed
19/05/9	TLG to enquire with NMIC as to whether training can be provided on a Sunday.	ASAP	TLG	Completed -Trainers unable to provide training on a Sunday.
19/05/12	TLG to enquire with SH whether he is able to dial into July's committee meeting.	ASAP	TLG	Completed – SH to dial in and provide the committee with an update and time to be allowed for any questions to be asked.
19/05/13	TLG to add the following wording to “including additional activity were required” to be added to the attendance table under the column headed ‘Expenses – Backfill and Travel’.	ASAP	TLG	Completed.
19/05/14	TLG & CK to meet up to discuss data from EMAS and write a business case for potential Naloxone Service.		TLG, CK	Met with EMAS. Naxalone business case development is still on to do list when capacity allows.

Actions carried over from previous meetings.

Min No.	Action	Deadline	Resp.	Completion Notes
16/3/5	Job description for Chair role to be formulated.		PJ	<p>Draft Chair role with PJ for review as at 20.04.21.</p> <p>18.05.21 – PJ working on draft job description which needs amending.</p> <p>20.07.21 – PJ continuing to work on in the background.</p> <p>25.11.21 – PJ commented that from a Governance perspective this is needed, and this was on his to-do list.</p> <p>20.01.22 – ongoing.</p> <p>19.05.22 – Chair role to be reviewed after RSG.</p> <p>Remove from Action Log for July Minutes – Will be discussed at July Meeting</p>
16/3/5	Consider how to spend reserves and feedback		All	<p>Reserves allocated so far to</p> <ul style="list-style-type: none"> • Virtual Outcomes licence for 21/22 (£2,000) • Additional PSNC payment for Wright review work (circa £747) • Potential underwriting of flu training if demand is found (£2,000). <p>Additional suggestions welcome.</p> <p>18.05.21 – ongoing consideration.</p> <p>18.05.21 - TLG to send out Virtual Outcomes survey next week.</p> <p>20.07.21 – ongoing consideration</p> <p>23.09.21 – ongoing consideration</p> <p>25.11.21 – Working on training. MB can we potentially use for backfill to attend NHS training?</p> <p>20.01.22 – ongoing conversations.</p> <p>19.05.22 – ongoing.</p>

23/9/3	Complete paperwork to withdraw money from PayPal	ASAP	CK, PJ	25.11.21 – potential of using as a spend was discussed. Paperwork still to be completed. 20.01.22 – paperwork has been completed. 17.03.22 – CK commented that this was ongoing. 19.05.22 – Balance with PayPal to be used to pay travel expenses for Chair & CO. Chair & CO to provide details for PayPal payments.
23/9/4	Feedback any intelligence to TLG regarding GPCPCS	Ongoing	All	20.01.22 – ear problems will probably be referred back for treatment. 19.05.22 – ongoing.
25/11/4	Investigate possibility of Clinical Director Post	ASAP	TLG, PJ	20.01.22 – ongoing discussions 19.05.22 – ongoing discussions Remove from Action Log for July Minutes – Will be discussed at July Meeting
25/11/10	CK to investigate payroll management	ASAP	CK	20.01.22 – on budget update 17.03.22 – CK commented that this was ongoing. 19.05.22 – CK advised that he had looked into this, commenting that it was easy to do as done now but would not involve a massive cost to use payroll management. The committee discussed the possible benefits and agreed that this should be adopted. CK to arrange.
25/11/8	Double signature to be investigated for Lloyds payments.	ASAP	CK	20.01.22 – carried over. 17.03.22 – carried over. 19.05.22 – included in finance section.
25/11/12	PJ to go back to Warwick Healthcare about possibility of becoming South Lincolnshire PCN Lead	ASAP	PJ	20.01.22 – MB has been temporarily appointed. Warwick Healthcare at Crowland had expressed an interest. 17.03.22 – carried over. 19.05.22 – carried over.

20/01/10	Wright Review/RSG discussion deferred to March's committee meeting	March	TLG	17.03.22 – Agreed during committee meeting this is to be deferred until more information is available regarding the outcome of RSG action and the contractor vote. Defer until May or possibly later. 19.05.22 – deferred. Remove from Action Log for July Minutes – Will be discussed at July Meeting
20/01/11	Committee asked to express an interest if they wished to attend the LPC Conference in September.	ASAP	All	17.03.22 – CK & TLG expressed an interest in attending.
17/03/9	TLG will speak to Josie Solomon regarding appraisal of any training.		TLG	19.05.22 - ongoing
17/03/10	TLG to send letter to local MPs to continue engagement.	May	TLG	–Complete – remove for July minutes
17/03/11	MB to contact Dr Ansari about the potential of him speaking at the AGM on September 15 th 2022	ASAP	MB	19.05.22 – ongoing – MB to follow up. Remove from Action Log for July Minutes – Will be discussed at July Meeting