

Minutes of the Meeting held Thursday 14th March 2024 The Dower House, Woodhall Spa, Lincolnshire

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	MB
Chris Kenny	CPL Treasurer and Member AIMp rep	CK
John Broomhead	CPL Member AIMp Rep	JB
Christine Stafford	CPL Member CCA rep	CS
Rob Severn	CPL Member CCA rep (Left meeting at 3pm)	RS
Chris Mulimba	CPL Member Independent rep	CM
Jevon Khakh	CPL Member AIMp rep	JK
Blazej Jasnowski	CPL Member Independent rep	BJ

In attendance

Tracey Latham-Green	CPL Chief Officer	TLG
Natalie Kenny	CPL Administrator	NK

In attendance via conference call between 10.45 – 11.30

Lindsey Fairbrother	CPE Regional Representative	LF
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In attendance between 11.30 – 12.00

Penny Mosely	University of Lincoln	PM
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In attendance between 14.00 – 14.30

Katherine Wilkinson	Turning Point	KW
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Apologies

None received

Abbreviations

4PPC	Four Pillars of Primary Care	LDC	Local Dental Committee
CO	Chief Officer	LMC	Local Medical Committee
CCG	Clinical Commissioning Group	LOC	Local Optical Committee
CP	Community Pharmacy	LPC	Local Pharmaceutical Committee
CPAF	Community Pharmacy Assurance Framework	MYS	Manage Your Service
CPCL	Community Pharmacy Clinical Lead	NIHR	National Institute for Health Research
CPE	Community Pharmacy England	NHSE	National Health Service England
CPL	Community Pharmacy Lincolnshire	NRF	Non-Recurrent Funding
CPPE	Centre for Pharmacy Postgraduate Education	PACEF	Prescribing and Clinical Effectiveness Forum
CPPQ	Community Pharmacy Patient Questionnaire	PCN	Primary Care Network
CPWM	Community Pharmacy West Midlands	PCAG	Primary Care Advisory Group
CRG	Clinical Reference Group	PCCC	Primary Care Commissioning Committee
DMS	Discharge Medicines Service	PCSE	Primary Care Support England
DOC	Declaration of Competence	PCTOG	Primary Care Transitional Oversight Group
DOI	Declaration of Interest	PEQ	Patient Experience Questionnaire
GDPR	General Data Protection Regulation	PGDs	Patient Group Directions
GP	General Practitioner	PhAS	Pharmacy Access Scheme
GP	General Practice Community Pharmacist	PMS	Pharmacy Management System
CPCS	Consultation Service		
HW	Healthwatch	POD	Pharmacy, Optometry and Dentistry
HWB	Health and Wellbeing Board	PQS	Pharmacy Quality Scheme
ICB	Integrated Care Board	RPS	Royal Pharmaceutical Society
ICSS	Integrated Care Systems	SIP	Systems Improvement Programme
IP	Independent Prescriber	STPs	Sustainability & Transformation Partnerships
IPMO	Integrated Pharmacy & Medicines Optimisation	ULHT	United Lincolnshire Hospitals NHS Trust
LiSH	Lincolnshire Sexual Health	UOL	University of Lincoln

Minutes:

Item	Details	Resp.
1403/1	Welcome, introductions & apologies	
	<ul style="list-style-type: none"> The committee welcomed a new member and employee. <ul style="list-style-type: none"> Jevon Khakh (AIMp Representative- Warwick Healthcare) Natalie Kenny (Employed Administration Assistant) 	
1403/2	Committee Governance	
	<p>Declarations of Interest (DOI) & Biography</p> <ul style="list-style-type: none"> The committee acknowledged that there are no changes to be made to DOIs and/or Biographies. PJ reminded the committee to check and update their biographies if necessary. <p>Competition Law Guidelines</p> <ul style="list-style-type: none"> The committee acknowledged that there was no change to our stance on this matter. 	All
1403/3	Notes from the previous meeting	
	<p>Matters Arising</p> <p>No matters arising from last minutes.</p> <p>Minutes</p> <ul style="list-style-type: none"> The committee agreed that they accepted the minutes from the previous meeting. The committee considered the Action Log as per bottom of document 	

1403/4	Update from Chair and Chief Officer	
	<p>For information and Discussion</p> <p>Chief Officer and Chair Update</p> <p>MP visits</p> <p>We continue to support MPs lobbying for CPE, inviting all MPs to events, including the evening session that took place on March 12th in London.</p> <p>The CO is planning to write to all MPs once Pharmacy First data has been released, noting the positives and then arguing that to continue this success there will need to be sufficient funding to allow investment in additional consulting room space and pharmacists –not possible even with the monthly payments that can be gained. CO estimates it will take over five years of these payments to fund the building of one consultation room, but she will prepare a better estimate when contacting MPs. This letter will also highlight the need for flexibility in the regulations in the longer term to allow pharmacists to use clinical judgement when medications are not in stock – for example in being able to swap branded for generics without a new prescription.</p> <p>It would also be good to get some MPs to visit our pharmacies again to see how busy they are and discuss the success of pharmacy first, hypertension and contraception services in county – again as a pre-cursor to ask for sufficient funding – highlighting that unlike GPs there is no capital funding support or rent paid for pharmacists.</p> <p>Committee requested that TLG re-engage with MPs to visit pharmacies in their constituencies to look at the impact of the new services that have been commissioned. TLG and CK to work on this.</p>	

	<p>Primary Care People Group</p> <p>Primary Care People Group – TLG sent in a report on the progress of the PCPG bids that she had written and submitted with a successful outcome for all three last year – monies only received in January and February. Currently ringfenced non-recurrent funding.</p> <p>Technician Upskilling: The CO is developing a process for promoting the scheme whereby we can pay backfill for technicians completing the CPPE HEE funding technician upskilling training, initially open to independents but then wider if not all places are filled. Funding is available for up to 22 pharmacy technicians. Backfill that can be claimed by pharmacies is £420 equating to 21 hours at £20 per hour.</p> <p>Lifeguard: CPL have liaised with the University of Lincoln and produced a Memorandum of Understanding to ensure the university meets the requirements of the funding provided. We have spoken to the Lincolnshire Coop representative regarding restarting Lifeguard in Lincoln and Boston in April. We have identified a pharmacy in the East on the coast to approach and are building links. The training materials are being adjusted to allow upscaling via remote delivery.</p> <p>Once the MOU is signed by the University of Lincoln, we will aim to restart Lifeguard Intervention in Lincoln and Boston and train/launch in an East Coast based pharmacy – we anticipate this will be completed in time to allow us to launch in May 24, with an evaluation being completed in September. Pharmacy First launch on 31st January has meant all new projects have needed to be delayed until end March/start April. Each pharmacy taking part will receive £2,000 with the opportunity to claim backfill for trainees at £20 per hour for 6 hours per person, up to a maximum of ten individuals – the new site will take priority.</p> <p>Teach and Treat: This again will be developed but most likely in April. This funding was to support working with General Practice</p>	<p>TLG/ CK</p>
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	<p>to identify and reward Designated Prescribing Practitioners in the county, to upskill the existing workforce to align with the 2025/26 cohort of pharmacy graduates who will come out of their training as Independent Prescribers. Will result in training up to ten independent prescribers who currently work as community pharmacists in the county and improve relationships across general practice and community pharmacy. CPL will process applications and the hub will process payments to GPs for being a DPP. We are setting up a promotion and selection process, which we are aiming to begin in April as this will allow Pharmacy First to bed in smoothly and will fit in with university course sign up windows.</p> <p>ICS/CCG Update</p> <p>CPL continue to attend various groups and system meetings, but as noted previously we are being more selective in those which we attend, ensuring there is a clear purpose to us being there. The system is still developing, having taken over local commissioning from 1st April 2023.</p> <p>Have been working with the system to support Pharmacy First roll out as noted in the report for item 11 of this meeting.</p> <p>PCTOG – now PCOG; this was formally monthly and has now moved to bi-monthly. This group has now removed the transition element of its title and will be working on longer term integration across the four pillars of primary care including in the areas of digital, finance and strategic planning.</p> <p>Lincolnshire Pharmacy Operational Group – with regional team and ICB colleagues to discuss and support pharmacy issues. We continue to attend these meetings.</p> <p>Four Pillars meetings continue quarterly, CO attended on 12th March 2024. Gave an update on Pharmacy First. LMC Clinical Director reported no negative feedback, whilst other GP on the call had experienced some difficulties. Discussed importance of relationship building and support available. GPs are concerned</p>	
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	<p>about the new contract following years of below inflation increases and BMA is currently voting on whether to accept the terms. May result in industrial action. Also received updates on dental and optometry.</p> <p>Following the letter we wrote to the ICS arguing for a seat on the Primary Care Commissioning Committee (private and public) (PC3), we are now invited to attend all PC3 meetings. The CO attended the meeting in February and was able to clarify the parameters of Pharmacy First and respond to queries from the wider health system there including Healthwatch and Council representatives. CO will continue to attend where possible. We will be sent agendas, and the Chair can decide if necessary to attend. LMC have a seat at these meetings hence our involvement now, as this is where primary care commissioning decisions are made.</p> <p>Louth Rota</p> <p>Email from Luke Clarkson received on 7th March advising us that following discussions with finance colleagues at Lincolnshire they will be offering pharmacies the following:</p> <ul style="list-style-type: none"> • 1 year extension to the current Louth Rota until March 2025. • Weekday reimbursement rate – £92.04 is increased to £121.26 per hour (a 32% increase), as requested. • Sunday rate – £121.25 per hour is increased to £160.05 per hour. This is also a 32% increase. <p>SLAs and new Rota is due to be received imminently. We have been asked if we could support and encourage the pharmacies to continue to deliver the service at these new rates.</p> <p>The committee had a general discussion about physical capacity in pharmacies and competing for use of consultation space for services– risk that some lower value services may not be viable.</p>	
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	<p>CK asked SH or TLG to review all SLAs for Local Commissioned services to find out which services needed to be fulfilled in a consultation room, or in a consultation space.</p> <p>PJ provided a general update on other meetings he attended including IPMO, LMC, Strategic Board and PCAG meeting.</p>	SH/TLG
1403/5	Finance update	
	<p>Finance Report (incl recent payments list)</p> <ul style="list-style-type: none"> • CK briefed the committee around the background of meeting papers. <ul style="list-style-type: none"> ◦ Management report, accounts spreadsheet and bank statements included in meeting papers. • CK briefed committee about run rate and asked members to claim backfill by 25th of March in time for FYE. Discussion about claiming cut off for backfill. Committee can have a guiding principle of three months, but there needs to be flexibility, so no contractor is out of pocket for sending a representative. • Payment list was accepted by the committee, as proposed by CK and seconded by RS. • Bank accounts have been reconciled to February 2024. • Movement in Number 2 Account is true to running costs. • On target to close with approx. £10k underspend from levy income. Closing on a higher balance than planned due to cross charging TLG time for management of SH. Overall, balance expected to close £32k over the recommended level of reserves. CK and TLG proposed plans of how to reduce these reserves back down and will propose a new budget in time for the FYE. • CK and TLG to meet for budget session and circulate budget proposal as per discussion. • RS advised CK and TLG that other LPCs have agreed to pay CPE Levies monthly to aid better cashflow 	CK/ TLG

	<p>predictions. This was agreed to be factored in as an option.</p> <ul style="list-style-type: none"> • RS suggested an option of more F2F meetings, but TLG concerned about budget. CK stated that meetings should be proportionate to need but will review options in budget. 	
1403/6	Update from CPE Regional Rep	
	<p>Introduction</p> <ul style="list-style-type: none"> • LF joined the meeting via teams however due to poor connectivity to the internet was unable to link up on teams. TLG Phoned LF and used loudspeaker – LF talked the committee through the slides and gave them a general update. <ul style="list-style-type: none"> ○ Presentation was shared with the committee prior to the call. ○ NHS England Midlands team provided an evening webinar about Pharmacy First for locums which was hugely oversubscribed – outcomes of this were that the regional team now has a list of locums contact details. This list can't be shared however should the LPC wish to access this for local comms they can get in touch with regional team. ○ LF asked committee for any feedback on Pharmacy First, GP Connect and change of ownership delays. ○ CPE exec meeting update given. <ul style="list-style-type: none"> ○ Positive feedback from contractors about Pharmacy First. ○ Formation of CPE governance committee underway. 	

	<ul style="list-style-type: none"> ○ Margin survey is underway and members to feed any comments about margin to TLG. ○ CPE are about to appoint two new roles into the team. One role is for LPC support and another role for local service development. 	
1403/7	University of Lincoln: Pharmacist Training	
	<p>Penny Mosely (PM) in attendance and apologies were received from Wendy Leighton. PM gave the committee a general update on the following matters:</p> <ul style="list-style-type: none"> • Professor Josie Solomon has left her role as head of the School of Pharmacy at The University of Lincoln. She has taken on a new role at The University of Leicester School of Pharmacy. • The Deputy Head of The School of Pharmacy at The University of Lincoln has also left. This position is currently vacant. • The University is currently under a lot of financial pressure. • The School of Pharmacy has been incorporated into The School of Health and Social Care. Professor Kate Grafton is the new Head of School. • Placements are subject to NHS standard tariff of £28 a day. • The University is looking further afield for new placement hosts e.g. out of county placements, hospices and care homes. • The University has set up a "Health Shop" called 179 High Street based in Lincoln. The project is being managed by Wendy Leighton and will involve Pharmacy, Physiotherapy, Nursing and Law students providing services to residents. 	

	<ul style="list-style-type: none"> Pharmacy students will be providing blood pressure checks. The committee explained how the NHS Hypertension Case Finding Service works and how the two services could work together. RS advised PM to consider referral points if they find a patient with high readings instead of referring to the nearest pharmacy. The committee discussed what the possible impact on pharmacies within walking distance of 179 High Street could be. PM provided the committee with a general update on future developments at The University of Lincoln. 	
1403/8	<p>Services Update including Local Services</p> <p>The Chief Officer provided a written update on progress in service implementation and development (see item 8 for this meeting).</p> <ul style="list-style-type: none"> PJ went to IMPO meeting and reported to the committee that DMS roll out is still delayed at ULHT. IT issues have been overcome but now ULHT reports staffing shortages. The NHS system is trying to support the Trust in rolling out DMS across all services. TLG discussed the decommissioning of NHS Extended Care services at the end of March 2024. With the move over to Pharmacy First the conjunctivitis in under 2's and infected eczema service have disappeared. Chief Officers of other Midlands LPCs have raised concerns that LPCs were not consulted appropriately via a letter to Caroline Goulding. 	

	<ul style="list-style-type: none"> • TLG advised that the NHS Midlands team are going to review the data and decide on the future of these two services in the future. • PJ advised committee that the process needs to be challenged because NHS assumed discussing with Chief Officers is the same as consulting with LPCs. • PJ to challenge NHS Midlands separately from other LPCs on process of not following the correct process, and not the decision. 	PJ
1403/9	LPC Governance Framework and Code of Conduct	
	<p>For discussion and decision</p> <p>The Chief Officer presented a paper regarding adoption of the CPE model Governance Framework and Code of Conduct. The committee discussed the appointment of a Governance Committee and the adoption of the Framework and Code of Conduct..</p> <ul style="list-style-type: none"> • The committee approved the Governance Framework and Code of Conduct from 1st April 2024 and for the documents on the website to be updated. • PJ proposed the adoption of the recommended code of conduct, seconded by RS. Committee approved. • After review by the Governance Committee, to adjust the existing governance policy to represent Supplementary Local Governance as required • RS was reappointed as Governance Lead and committed to review the old framework against the new framework and TLG will circulate this to the newly formed Governance Committee. • The committee appointed two additional committee members as Governance Representatives to be part of a governance sub-committee when required. Those 	<p>TLG</p> <p>RS/ TLG</p>

	<p>members appointed were Christine Stafford and Chris Mulimba</p> <ul style="list-style-type: none"> • RS agreed to provide the committee with a governance report for future meetings. • TLG to add this to agenda as a standing item for all committee meetings. 	<p>RS</p> <p>TLG</p>
1403/10	Turning Point (Substance Misuse)	
	<p>For information and discussion</p> <p>Katherine Watkinson from Turning Point attended and presented to the committee; they are taking over the Substance Misuse contract from We Are With You .</p> <p>KW informed the committee Turning Point are hoping to use existing staff and the main terms of the contract haven't changed.</p> <ul style="list-style-type: none"> • Timescale is tight for implementation. • Changes to supervision requirements to allow non – registrant to supervise. • PJ commented on the competition for consultation rooms. Could there be another suitable area for supervision if consultation room is being used for another service. KW informed the committee that it doesn't specify supervision has to be in a consultation room, but it would need to be somewhere the client is comfortable to have their medication. • PJ commented that a person-centred programme approach needs to be applied. • KW informed the committee the fees have increased. <ul style="list-style-type: none"> ○ £2.10 Methadone ○ £2.20 Espranor ○ £3.00 Subutex 	

	<ul style="list-style-type: none"> ○ NSP £1.50 per transaction plus quarterly retainer • PJ requested that the new provider used home office approved wording to allow discretionary late pick up. • PJ raised concerns about scripts starting on bank holidays KW informed the committee that the admin process does not start on a Monday or a Friday to avoid issues around bank holidays. • CK thanked turning point for all their support in listening to the committee when writing SLAs and contracts. • New Web based IT platform (NEO360) and training and support will be provided. • Monthly payments are centralised, but individual branch splits will be reported separately. • Buvidal prescribing is expected to increase but KW will liaise with local pharmacies affected. • We Are With You platform will be left open for prescriptions issued from old service. • CM asked if contact details would be the same. KW stated Lincoln will be the same, but each pharmacy will be provided with a direct number. • KW informed the committee it is currently a five-day a week service. • The committed had a general conversation around the merits of a seven-day service. • CK alerted KW to CDAO report of stolen FP10 MDA prescriptions and the risk this brings with new unfamiliar prescriptions being issued. • CK to share CDAO alert with KW • KW raised concerns about gaps in NSP provision across the county. • PJ stated there has been little transparency between previous suppliers and the LPC about the provision of NSP across the county. 	CK
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	<ul style="list-style-type: none"> KW hopes the new provider will provide both support for reluctant contractors considering NSP provision and be more transparent about the spread of service offering across the county. 	
1403/11	Support for Pharmacy First	
	<p>For discussion and decision</p> <ul style="list-style-type: none"> TLG reported there has been some IT issues during the initial launch. SH is working on resolving these. Some issues around service provision and Locums not being trained for PF. CPL had worked with the system to provide a training day with 120 places funded by the ICS which over 80 individuals had attended including a number of locums. PJ attended LMC meeting to discuss PF. <ul style="list-style-type: none"> Generally positive Good working relationships between GP and Pharmacy helps. MB raised since the launch of PF there have been problem with queues at pharmacies at 9am. <ul style="list-style-type: none"> The committee discussed how this could potentially be managed. Surgeries need to manage patients' expectations around access. There was a suggestion that patient could phone the pharmacy to arrange a timed appointment. TLG updated the committee on NHSE Marketing of the service. TLG to ask SH to contact BJ for to build relationships with GPs in his PCN to facilitate referrals into Pharmacy First. Overall, the committee felt the launch has gone well. 	SH/TLG

	<ul style="list-style-type: none"> • CK raised concerns over GP Connect with Medico Legal risk because of the visibility of consultation notes on the NHS App. <ul style="list-style-type: none"> ◦ A general discussion followed. • PJ told committee that CPPE training exists for making medical records. <ul style="list-style-type: none"> ◦ PJ to provide link to TLG to include link to CPPE Medical records training in the newsletter. 	PJ/TLG
1403/12	Speaker for AGM	
	<p>For information and discussion</p> <ul style="list-style-type: none"> • A general discussion took place regarding options for the AGM speaker. • Options included Neil Hepburn – general update on dermatology linked in with PF. • Other suggestions included note taking and consultation skills. • The committee agreed for TLG to contact Dr Hepburn – Deadline to confirm by the end of March otherwise an alternative speaker will be sought. • A discussion was had about some alternative speakers. It was agreed a speaker focussing on consultation techniques and clinical notetaking would be useful if Dr Hepburn is unavailable. 	TLG
1403/13	Market Entry	
	<ul style="list-style-type: none"> • Timakau Ltd – DSP – PE12 8LY – CAS-263590-Y7L3J1 <ul style="list-style-type: none"> ◦ Holbeach DSP– committee responded to PCSE advising they were not in favour of the granting of the application for inclusion in the Pharmaceutical List. ◦ This was because the information provided did not give sufficient information to satisfy the regulatory test. 	

	<ul style="list-style-type: none"> ○ Decision still outstanding • ME2452 – Stagedale Ltd – UB – PE11 1ST – CAS-192506-G2VOJ1 <ul style="list-style-type: none"> ○ Spalding ‘Unforeseen Benefits’ application ○ CK had responded that the application had not met the requirements of the regulatory test. ○ The application is still outstanding. • Beechfield Medical Centre – OCPA – PE11 1LT – CAS-235406-H3V8F1 <ul style="list-style-type: none"> ○ Committee noted that the application for Outline Consent for Dispensing Rights by Beechfield Medical Practice was REFUSED by the NHSCB. • Med Brothers Limited– DSP– PE10 9AE CAS-251409-L8G7Q8 <ul style="list-style-type: none"> ○ Bourne DSP ○ Application GRANTED despite concerns raised about prominent retail positioning of site in a shopping centre in central Bourne. ○ Under Regulation 25, the PSRC advised that the application had been granted because the PSRC committee “...is satisfied that the applicant does not intend to provide advanced or enhanced services from the premises.” ○ It was noted this was outside of the scope of the Regulations and is a worrying sign that there is an inconsistent approach to Market Entry processes. The committee were advised that <i>Essential Services</i> are subject to special exceptions but Advanced and Enhanced services in the main are permissible so long as aren’t linked to an essential service provision. 	
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	<ul style="list-style-type: none"> ○ TLG and CK to raise concerns about incorrect interpretation of the regulations as seen in the notification decision. • Net Pharm Ltd- DSP- LN8 3EH- CAS-254413-M6HIT6 <ul style="list-style-type: none"> ○ DSP application for Market Rasen was GRANTED despite concerns raised about the prominent High Street location in the small market town. ○ The committee expressed concerns that the NHS would not be in a position to ensure compliance to the NHS Terms of Service for the new entrant. ○ A watching brief was advised by the Committee and for any concerns raised about face-to-face provision of services to be reported back to the committee. 	CK/ TLG
1403/14	AOB	
	<ul style="list-style-type: none"> • The committee discussed views on the new venue. • The consensus was that the venue was acceptable. There were a few issues with IT, these will be reviewed at the December Committee Meeting. 	
	Meeting closed at 4pm	
	Date of Next meeting	
	Thursday 20 th June 2024 – Full Day Meeting, Face to Face, Washingborough Hall	

Action Log from March 2024 Meeting

Min No.	Action	Deadline	Resp.	Completion Notes
1403/4	Review all SLAs for Local Commissioned services to find out which services needed to be fulfilled in a consultation room, or in a consultation space.	ASAP	TLG/SH	
1403/5	CK and TLG to meet for budget session and circulate budget proposal as per discussion.	Apr 2024	CK/ TLG	Completed
1403/8	PJ to challenge NHS Midlands separately from other LPCs on process of not following the correct process for decommissioning of extended care services	By next meeting	PJ	Completed
1403/9	Adjust the existing governance policy to represent Supplementary Local Governance	ASAP	TLG	Completed
1403/9	Review the old governance framework against the new framework and TLG to circulate this to the newly formed Governance Committee.	ASAP	RS/ TLG	Docs circulated by TLG March 2024. Completed
1403/9	RS to provide the committee with a governance report for future meetings. TLG to add this to agenda as a standing item for all committee meetings.	ASAP	RS/TLG	Completed
1403/10	CK to share CDAO alert about stolen prescriptions with Turning Point	ASAP	CK	Completed
1403/11	TLG to contact SH to organise comms with BJ for Pharmacy First Liaison with PCNs	By next meeting	TLG/SH/ BJ	Completed

1403/11	TLG to include link to CPPE Medical records training in the newsletter. PJ to provide link.	By next meeting	TLG/PJ	Completed
1403/12	TLG to contact Dr Hepburn about being AGM speaker– Deadline to confirm by the end of March	Mar 24	TLG	Completed
1403/13	TLG and CK to raise concerns about incorrect interpretation of the regulations as seen in the notification decision of recent DSP Market Entry decision.	By next meeting	CK/TLG	

Action Log from November 2023 Meeting

Min No.	Action	Deadline	Resp.	Completion Notes
3011/3	Action: TLG to talk about EHC with Healthwatch in January 2024	Jan	TLG	Completed
3011/3	Accountants: CK to send across copy of constitution and details for TLG, PJ, CK and MB for assurances on Information and Data Governance principles.	ASAP	CK	Constitution sent March 2024
3011/13	PNA	Jan	PJ	Update on June 2024 agenda

Actions carried over from previous meetings.

Min No.	Action	Deadline	Resp.	Completion Notes
16/3/5	Consider how to spend reserves and feedback		All	Ongoing
23/9/3	Complete paperwork to withdraw money from PayPal	ASAP	CK, PJ	Has been ongoing since Nov 2021. TLG & CK to finalise when time available

16/03/10	Forward any key communications to TLG for inclusion in the newsletter to remind contractors of information which might otherwise be missed.	Ongoing	All	15.06.23 – Committee reminded. RS has sent a couple of key comms which was very helpful.
16/03/12	Communicate queries around what information is fed back to GP Practices. Information to be included in newsletter.	ASAP	PJ, TLG	15.06.23 – The committee was asked to feedback local intelligence.
2309/11	Look at extending SH contract for a further 12 months	Jan 2023	PJ/TLG	Completed
2309/11	Investigate organisation of a 'services webinar' once we know more details about the CCS and the financial settlement	TBC	EXEC	Completed