 **MINUTES - open**

** 10th May** **2018**

 **14.00 – 17.00**

 **Tomlinson Centre - Queensbridge Rd, London E8 3ND**

**Attendance:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Member Name** | **Initials** | **Attendance****A= Absent,****Aa= Apologies sent.** | **Attendance this financial year** |
| **Raj Radia (chair)** | **RR** | Related image | **1 of 1** |
| **Stewart Evans** | **SE** | Related image | **1 of 1** |
| **Kirit Shah** | **KS** | Related image | **1 of 1** |
| **Peter Muska (CCA)** | **PM** | **Aa** | **0 of 1** |
| **Emma Stevens (CCA)** | **ES** | Related image | **1 of 1** |
| **Monty Esat** | **ME** | Related image | **1 of 1** |
| **Dee Fasan (CCA)** | **DF** | **Aa** | **0 of 1** |
| **Sunil Patel** | **SP** | Related image | **1 of 1** |
| **Kirit Sonigra**  | **KSo** | Related image | **1 of 1** |
| **Nickil Patel** | **NP** | Related image | **1 of 1** |
| **In Attendance** |
| **Hitesh Patel (CEO)** | **HP** | Related image |  |
| **Stuart Brown (Minute taker)** | **SB** | Related image |  |
| **Guests** |  |  |  |
| **Andrea Taylor (Senior Teaching and Research Fellow at University of Bath)** | **AT** | Related image | **From 15.00 to 16.00** |

**1. LPC membership**

**Elections**

* *RR was re-elected as the LPC Chair – proposed by KS, seconded by SP.*
* *NP was elected as LPC Vice Chair – proposed by RR, seconded by SE.*
* *KS was re-elected as LPC Treasurer – proposed by SE, seconded by RR.*
* *SE and KS agreed to continue as members of the FAC committee.*
* *SE agreed to continue as the Governance lead.*

**Declarations and Conflict of Interest:**

SE stated that the LPC has accepted guiding principles and new members will have to sign two documents which will allow them to comply with corporate governance.

These documents are a confidentiality agreement and a declaration of interests’ documents.

SE and HP stated that existing members would need to declare any new positions which would cause a conflict of interests.

SE reminded that declaration of interests’ documentation must be brought to every meeting and be available for inspection.

SE added that a corporate governance document would also be given out to the new members (this document would contain the seven NOLAN principles.

**2. Approve minutes and follow up Actions from Open section of meeting – 22nd March 2018 -**

**ACCURACY**

There were no corrections to the accuracy

**Actions and matters arising –**

**Vaccination joint statement**

Previous Action – HP to share the existing vaccination statement to the LMC to distribute to GPs

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **1****Previous**  | **To ask Rekha Shah (vaccination lead for London) to produce a Flu vaccination MOU (to foster better working relationship between CP and GPs)**  | **HP** |  |
| **2****Previous** | **To ask PL who their LMC contact currently is.** | **HP** |  |

HP stated that he was currently waiting for this contact name from Anish Patel (CEO PL)

**JSNA**

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **3****Previous** | **To send a link to the “2018 Health and the Environment” of the JSNA when it becomes available to all LPC members.** | **NP** |  |
| **4****Previous** | **To include and divide up sections of the JSNA to the LPC work stream spreadsheet – when the “2016 Health and the Environment” becomes available.** | **HP/NP** |  |

NP stated that he regularly calls up the HWB, and they say that this section is still not ready for publication (has been delayed for 18 months now).

**Weight management**

RR and HP stated that there is funded training available on Tuesday 15th May 2018 from Intelligent Health for Pharmacists and counter assistants to carry out brief interventions for patients who are overweight.

 HP stated that, disappointingly, only five people had signed up following two reminders.

HP stated that he had wanted thirty people to attend.

ES asked for details re. this training, and HP reported that LPC emails for Boots branches currently get cascaded through Beneeta Shah and Parag Oza.

HP added that he suspected that these emails to individual Boots branches were not currently getting through to them. HP added that Boots reps. had not been attending any training meetings that had been arranged by the CCG also.

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **5** | **To investigate why LPC emails are not being cascaded to individual Boots branches in C&H.** | **ES** |  |

RR and Hp urged the members to encourage at least the health champions in their branches to attend this training meeting.

**Training Update -**

 HP and RR stated that the Action Point 6 (below) should become a standing action.

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **6** | **To re-send the Survey Monkey Questionnaire to ask contractors what type of training topics they would like the LPC to organise for the next two quarters.** | **HP & NP** |  |

 **SCR update**

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **7****previous** | **To contact contractors with the information needed to inform patients of the process to giving consent for their GPs to turn on the enriched SCR for CP to access (including providing the Nationally recognised template letter).** | **HP** |  |
| **8****previous** | **To obtain the fact sheet that GP’s have been sent which would tell them the procedure – should a Pharmacy or patient ask for their enriched SCR to be turned on.**  | **HP** |  |

**MOS invoices**

Previous Action: HP to check MOS SLA to determine what the claim date for payments currently is – and then remind contractors of this information by the end of this week.

HP stated that he had had several phone calls from contractors who had been worried about meeting the deadline. HP added that contractors should now know the deadline details for this service.

**Pharmacists in GP practices**

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **9****Previous** | **To forward his list of priorities that he had sent to his Pre Reg. Pharmacist who had been working in a local GP surgery to HP.**  | **KS** |  |
| **10****Previous Action** | **To produce a document, which would inform GP Pharmacists how their work in a surgery could help both the local Pharmacies and the GPs.** | **HP** |  |

**NHS E - London**

Market entry:

Previous Action: HP to investigate with NHS E how the internet Pharmacy - Aposave had opened up in C&H without the LPC knowing about it.

HP stated that he had now received an updated Pharmaceutical list from NHS E.

HP stated that CAPITA (to which the Market Entry work had been outsourced) had performed poorly wrt. circulating the information re. the new applications such as this one from Aposave.

RR asked whether this application could be contested.

HP stated that the SOPs of this Internet Pharmacy application could be scrutinised, however unless evidence of collusion with a GP surgery would be found, then this effort would most probably be fruitless.

HP stated that no prescriptions are currently going through Aposave, and therefore no levies are being paid to the LPC, therefore HP debated whether the LPC currently represents them.

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **11****previous** | **To check with Southwark LPC wrt. their response to the MyMeds distance selling application which had been refused - in order to get more details for a C&H LPC response.**  | **HP** |  |

  **Prescribing Program Board**

Repeat request ordering audit

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **12****Previous** | **To review the draft repeat request ordering audit and support contractors with carrying it out properly.** | **LPC members** |  |

RR asked the members to review this draft audit and comment.

HP stated that there is currently lots of opposition from patients to this “prescribing wisely” initiative.

HP added that this initiative is voluntary and cannot be enforced by the CCG.

RR stated that this audit has not been initiated yet in London.

RR reported that 30 repeat requests scripts would be selected by a Practice Support Pharmacist (15 submitted by patient, 15 submitted by Pharmacy) – and over-ordering of medicines instances would be looked at and logged.

SE asked whether this audit would differentiate between whether Pharmacists had requested the repeat meds. Independently of the patient or whether patients would have requested at the Pharmacy – with the guidance of the Pharmacist.

HP stated that this question was not currently reflected in the audit.

RR read from some literature and stated that a further review audit may be required in the C&H borough to focus on specific areas and gain patient feedback to determine the extent of any issues so that future actions could be taken to prevent over-ordering of medication to reduce the cost to the NHS and improve patient safety.

HP and RR stated that this subject would be brought up at the Prescribing Board meeting.

 **Hackney public health**

HLP – Update:

Previous Action: HP to negotiate a three-month trial of Virtual Outcomes HLP webinar service.

HP stated that the LPC had signed up to and paid for a three-month trial of this service and these webinars are currently available to all C&H pharmacies.

HP stated that Pharmacies simply have to input their F-codes to access this resource.

HP added that there had been good feedback for this service.

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **13** | **To send out emails to contractors reminding them that the LPC has paid for them to have access to the Virtual Outcomes HLP webinar service.** | **HP** |  |

 **Meeting reports**

PL meeting:

Oriel – Pre-Reg recruitment fair:

Previous Action: HP to highlight to HEE the fact that there is no current consequence to Pre-Reg’s accepting places via Oriel, before pulling out last minute.

HP stated that he had talked with Rachel Stretch (HEE) and pointed out the issues wrt. the Pre-Reg’s accepting places before pulling out.

SE stated that he had had ten Pre-Reg placements on offer, six had been filled via Oriel – then four had pulled out. SE stated that he had told Oriel of this and they had not been concerned.

SE stated that this had affected his business plan and he had turned offers down from candidates who had applied to him outside of the oriel system.

SE stated that he would not be using Oriel again.

ME stated that one of the candidates offered through Oriel had had an undisclosed criminal record.

RR and other members had offered up similar stories to SE’s.

HP suggested that new Pre-Reg Pharmacists are favouring Hospital posts (the posts offer more money and a tier 2 accredited – foreign students assured a visa via this accreditation).

**3. post registration community pharmacy training**

AT highlighted the following points:

* There had been tenders to provide distance/blended learning training throughout different regions in the UK.
* HEE had asked for tenders for the London and SE region.
* Bath University, Keele University, De Montford University and Manchester University have been awarded contracts to provide this training.
* Pharmacists in London can learn from any of these four above providers.
* The PhIF currently funds this course for two years – the funding had started in February 2018.
* PhIF Support LaSE:
	+ Funding for 15000 credits per year for each of 2 years.
		- Equivalent to 250 x 60 credits per year.
	+ Mapped to 5 HEE Core Service Themes.
	+ Pharmacist can choose which university to do this with.
	+ Training is available to any London Community Pharmacy regardless of setting.
* Entry criteria:
	+ Registered Pharmacists.
	+ Employer Support (employers will not have to pay fees).
	+ Demonstrate added value of training to service delivery.
	+ Locum pharmacists - 0.4 WTE days per week in a community pharmacy (15 hours).
	+ Commit to share information and participate in development of case studies to demonstrate impact of role.
	+ Commit to be part of future evaluation.
	+ Applicant cannot be enrolled in other education pathways such as:
		- Integrating Pharmacy into Urgent Care.
		- Pharmacy Integration in Care Homes.
		- Clinical Pharmacists in General Practice Ph1 & 2.
* University Criteria:
	+ IELTS of 7.0 or 7.5.
	+ Tier 2 visa holders need to show passport and visa.
	+ Other Checks may apply.
* What does the Bath PhIF course look like?
	+ Modular Approach.
	+ Each unit runs for 9 weeks.
	+ Usually 1 day spent in a workshop where:
		- Discuss practice with specialists/experts.
		- There is a Multi-professional approach.
		- Patient involvement.
		- May include assessment.
		- 1 to 1 meetings with one of the team.
		- Take place at Bath in London (83 Pall Mall).
			* **Backfill must be provided by the employers.**
	+ Online resources and events include:
		- Webinars.
		- E-tutorials.
	+ Each unit consists of 120 hours of study (work smart).
		- This is a big commitment.
	+ 12 CATS; 6 ECTS.
* Units available:
	+ Evidence Based Pharmacy Practice –
		- Systematically use commonly available information sources.
		- Identify essential information to answer medicines related questions.
		- Critically appraise common evidence sources.
		- Formulate concise answers.
	+ Professional Skills for Medicines Optimisation –
		- Patient-centred consultation skills.
		- Pharmaceutical care and medicines optimisation.
		- Medicines reconciliation.
		- Approaches to medication review.
		- Clinical skills development.
		- Interpreting key blood results.
		- Auditing prescribing practice.
		- Patient-centred professionalism.
	+ MLTC (Managing Long term Conditions) 1- covers:
		- Hypertension.
		- Stroke.
		- AF.
		- TIA & CKD.
	+ MLTC2- which covers:
		- Angina.
		- MI. CHF.
		- Lipid Modification.
		- Depression and LTCs.
	+ MLTC3- which covers:
		- Diabetes T1/T2.
		- Obesity, Asthma.
		- COPD.
		- Hypothyroidism.
	+ Polypharmacy – which covers:
		- Care homes and transfer of care.
		- ADRs.
		- High risk patients and drugs.
		- Deprescribing.
	+ Care of the Older Person – which covers:
		- Dementia, acute confusion.
		- OA, Osteoporosis.
		- Frailty and falls, Overactive bladder.
		- Orthostatic hypotension.
	+ Minor Ailments– which covers:
		- Meds deregulation, Commissioning.
		- Allergy, dermatology, respiratory.
		- GI, GU, neurology, ENT.
		- Ophthalmology, Paeds, pain.
		- Musculo-skeletal disorders.
	+ Public Health– which covers:
		- Policy.
		- Health Promotion.
		- Pharmacy Contract.
		- Sexual health, obesity, nutrition.
		- CV, smoking cessation, substance misuse.
			* **No study days associated.**
	+ Quality Improvement
		- QI tools.
		- Patient pathways.
		- MOOC and Project based.
		- Independent Prescribing.
			* **No study days associated.**
* DELIVERY:
	+ Structured Pathway intakes at five points in the year.
	+ Delivery is split into 12 weeks blocks.
	+ No study over Christmas, Easter or the summer.
	+ For the structured pathway there are three study days.
	+ Study days delivered in both London and Leicester.
	+ Modules can be studied on an individual basis.
	+ There is no commitment, students can try a module and withdraw at any time if studying does not suit them.
* Find out more about the Bath courses and enrol at:

http://www.bath.ac.uk/study/pg/programmes/funded-clin-comm-phar/index.html

AT asked for any questions.

 HP asked whether the Bath IP course would be distance learning?

 AT stated that all the learning would be done online, however there must be a certain number of face to face study days involved.

 NP asked how many credits it would cost to receive a Diploma.

AT stated that 120 credits would be needed.

NP stated that an existing IP could study modules via Bath, or another provider, and then that would net them 60 credits, which could then be added to the 36 credits for becoming an IP, and then two more modules could be paid for and 120 credits would be amassed – resulting in a Diploma for a Pharmacist.

SE asked what employers would get, financially, out of investing in their pharmacists to undertake a case such as this.

AT stated that these modules would allow Pharmacists to get more “hands on” skills – which could be put to good use in providing locally enhanced services.

The members thanked AT for her presentation.

 **4. NHS England London**

**Summary Care Records - Update**

HP stated that he had replied to a request from NHS E to inform them how many pharmacies in C&H have access to Enhanced SCR – the expected target is 87%.

HP state that at present zero pharmacies have access to E SCR.

HP suggested that the CCG should be approached to ask the GPs to universally turn on the E SCR facility.

RR stated that Pharmacies should have access to the E SCR to better treat MOS patients.

**Enhanced Services Update MOS & MAS**

**Report from MOS Steering Group**

HP stated that NHS London has made the decision to decommission all enhanced services across London – official comms. re. this will go out to CCGs and LPCs during the next two weeks.

HP stated that there are many questions around this – especially where the funding for these services will end up.

HP stated that some kind of service, clinically governed by either the CCG or NHS E will be commissioned to replace the MAS and MOS services.

HP stated that a steering group made up of C&H LPC members have been working on analysing the current MOS service’s pros and cons with a view to work up a proposal for a new service to be pitched to NHS e/local CCG.

SE stated that a document, produced by the CCG which had reviewed the existing MOS service and it currently highlights several failings in the service. SE added that the steering group had looked at these failings and had also looked at other similar schemes across the country with a view to working up a spec. for a new MOS service to pitch to commissioners.

SE stated that a working service model may see a distinct group of practitioners (who would not be Pharmacists) assess the patients for this service (taking the bias out of the service).

SE stated that a three-tier structure may be used for this service, and the costings would have to be worked up for this. SE warned that this new service could mean that much more work would be needed to be done for less remuneration.

SE stated that the steering group would report back to the other members at the next meeting on the progress of this service.

HP stated that NHS E will not want to see the current MOS patients not provided for.

**MAS**

HP stated that the CCG have already carried out a survey exercise wrt. the decommissioning of this service. HP added that the CCG are also looking at the various funding streams to provide a new MAS.

HP stated that PL and other LPCs have been having discussions with NHS E and CCGs wrt. implementing a service (which has been running in NE England) called the electronic minor ailments service.

HP reported that this service currently enables patients who call NHS 111 to get referred to CPs across the NE England. HP added that this service currently helps patients on the urgent care pathway and a referral fee is currently paid out.

HP stated that this service would hopefully be developed for London and would run in conjunction with an updated MAS.

RR stated that the official notification of the decommissioning of MAS (and MOS) will come to contractors during the next couple of weeks.

SE proposed that the LPC send out comms. to calm C&H contractor’s nerves who are likely to panic over the decommissioning of these two services – and to inform them what the LPC’s strategy is to work with the CCG to commission replacement services.

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **14** | **To send out an email to all contractors currently providing the MAS and MOS services with the message that these services will be decommissioned and that the LPC is currently working with the CCG to commission replacement LES’.**  | **HP** |  |

**MAS materials supply issues**

HP reported that the MAS vouchers are now being supplied by NHS E once more, so the LPC will no longer be printing and sending out the vouchers.

**NUMSAS update**

HP reported that -

* 23 contractors are registered for this service in C&H.
	+ 10 have activated their registration.
		- Doing 82 referrals over 10 months.
	+ 13 have **not** activated their registration.

HP stated that he is waiting for the names of all these pharmacies.

HP stated that he will have to get more contractors signed up to this service, and he will also have to get those already registered to activate their registrations.

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **15** | **To find out the exact procedure for contractors wanting to provide the NUMSAS service to register and activate their accounts.** | **HP** |  |
| **16** | **To encourage more contractors in C&H to sign up for the NUMSAS service.** | **HP** |  |

**Quality Payments - Update**

HP stated that he had sent out a one-page information sheet detailing the information for how contractors can apply for and satisfy the Quality payment criteria.

**5. Prescribing Program Board**

**Discharge to pharmacy**

HP stated that the board is currently working on this service – which would see a pharmacy receiving messages from Pharmoutcomes to say that a patient had been discharged from Hospital.

HP added that Pharmacies could then download a discharge summary – and this may ask the Pharmacy to carry out an NMS or MUR.

HP stated that funding for training for this service was currently being sought after from the local CPEN.

SP stated that he was surprised to find that, in a local hospital, nurses are the practitioners responsible for advising patients how to take medicines.

RR stated that he would take this matter up at the next PPB meeting.

SP stated that some hospitals are sending patients home with only one week’s worth of medicine supplies.

**EOLC – Service Update**

HP stated that this service is currently running smoothly and the LPC is currently trying to collect data to evaluate the benefit of this service (info. For drugs used during call out for this service is available – however data on the drugs used “in hours” has not yet been collected).

**Atrial Fibrillation Service**

HP stated that this service hasn’t progressed much due to lack of funding, despite the supply of twenty free AliveCor machines from UCL.

**Anticoagulation Service**

HP reported that the two C&H pharmacies providing this service had not started delivering yet – internal issues GP Confed had prevented this service from progressing.

**optical service**

SE asked about any developments re. this service, as he had seen no activity.

HP stated that this service is operational, but referrals had not been forthcoming.

**6. TRANSFORMATION BOARD**

RR stated that he could not attend the last meeting, but he would be attending the next meeting and would report back at the next LPC meeting.

**7. I.T. ENABLER BOARD**

 RR stated that there had not been an I.T. ENABLER BOARD meeting since the last LPC meeting, however he would attend the next I.T. Enabler board meeting next month and report back.

**8. Hackney Public Health**

**Stop Smoking – Tender update**

RR stated that the local council had sent out a letter to the LPC which stated that the current services would be stopped, however contractors should keep treating patients and the service would continue – the new commissioner would be Whittington Health.

HP stated that the model for the ongoing service would be the same – however there would be more performance management of Pharmacies.

RR stated that the payment structure had not been communicated to the LPC as yet.

HP stated that outreach programs would also be employed by Whittington Health.

RR stated that contractors should continue to attend Stop Smoking training sessions.

**Sexual Health -Pharmoutcomes update**

HP stated that Homerton Hospital now has the contract for these services and this is now a clinical governance contract (Payments still processed by Hackney Council).

HP stated that the LPC is waiting for Hackney council to confirm whether ulipristal acetate (Ella One) should be given out first, as per the national guidance.

HP stated that here would be subsequent PGD training on this.

RR commented that ulipristal acetate is a “P” product that would not need a PGD.

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **17** | **To check whether ulipristal acetate would require PGD training – as it is a “P” product.** | **HP** |  |

**Chlamydia screening & treatment**

HP stated that hardly any patients are being referred to CP, therefore a new system is being initiated, which would play out as follows:

* + The Homerton would receive a positive result.
	+ The Homerton would then look on Pharmoutcomes to determine which C&H pharmacists are accredited to provide the Azithromycin PGD.
	+ The patient would then be referred to the nearest of these pharmacies.

HP stated that any accredited Pharmacist must notify the Homerton should they become unavailable.

HP stated that the Pathway and the accreditation information will and must be corrected on Pharmoutcomes for these referrals to come through to Pharmacies.

**Substance Misuse**

KS stated that there is not much to report, other than the fact that Needle exchange providers must take note that the way that needles are ordered has changed. This will mean that providers who are not inputting claim data using the Pharmoutcomes platform would not be delivered to going forward.

**Healthy Start Vitamins**

RR stated that the local authority has tendered this service out.

HP stated that the had stated that Hackney PH would like to cut the number of providers of this service down to twenty pharmacies – HP commented that this would reduce choice for patients.

RR stated that there had been incidences of Pharmacists not recording any of the vitamins that they had been given out.

**New Service – IP prescribing of Acamprosate from community pharmacies in Hackney**

HP stated that he is currently negotiating the details for this service.

HP added that only four IPs in C&H had expressed an interest in this.

HP stated that this service would entail carrying out four consultations a year (£35 per consultation).

HP added that there are 30 patients who could participate in this service.

HP added that there is a potential to earn £400 per patient.

HP stated that WDP would be commissioning this service, and HP stated that he would be asking a fee should they require any further developmental and managerial work from him.

NP wondered whether there would be any issues around indemnities going up due to IPs prescribing in Pharmacies.

**City of London**

**Stop smoking Service**

 HP stated that this service is running smoothly and there is little feedback from WDP re. this service.

**9. ELHCP update**

**Cancer Awareness Pilot**

HP stated that the LPC had secured £15,000 of funding for the running of this service, therefore because 17 C&H Pharmacies had signed up to this, then they should receive £390 for carrying out 20 interventions.

RR stated that this service started on the 1st May 2018 and will end at the end of June 2018. RR stated that this work could be used for HLP evidence.

**ELHCP Informatics Board – New funding for London**

HP stated that he had not attended the last meeting of this board and reported that there had not been anything on the agenda which would have pertained to CP.

HP stated that at previous meetings he had argued that CP must be involved in the roll out of “Discover” information sharing platform. HP stated that “Discovery” will support live data.

RR stated that the use of “Discover” will include implied consent – so that any healthcare professional could view this information without continually having to ask for consent from the patient.

SE stated that “Discovery” records are presented at quadrant meetings and they are incredibly informative.

RR stated that “Discovery” may eventually replace E SCR.

**10. Hackney Health Scrutiny Commission**

 KS stated that the commission had been closed during the elections.

KS added that they had asked for suggestions re. what topics the LPC would want discussed over the coming year – and HP had sent such topics e.g. the recommissioning of the MA and MO services.

KS stated that there was a meeting scheduled for three weeks’ time, but he would scan the agenda before deciding to attend.

The other members suggested that KS should attend all of these meetings regardless of the agenda contents owing to the fact that this commission will be very influential going forward.

KS agreed to attend all of these meetings for the coming year.

**RR brought the open section to a close.**

**11. Dates of next LPC meetings**

**12th July 2018**

**13th September 2018**

**8th November 2018**