



Date	<i>Monday 11th November 2019 1.45pm for 2pm</i>	Chair	<i>Dan Attry (Mob: 07973 632548) (dudleypc@gmail.com/chair@dudleypc.org)</i>
Venue	<i>Savoy centre, Netherton.</i>	Chief Officer	<i>Stephen Noble (Mob: 07856 309573) (ceo@dudleypc.org)</i>
Present	<i>Dan Attry (DA) Stephen Noble (SN) Matt Cox (MC) Michelle Dyoss (MD) Aman Grewal (AG)</i>	<i>Amjid Iqbal (AI) Abul Kashem (AK) Mo Kolia (MK) Vijay Lad (VL) Chetan Parmar (CP)</i>	<i>Lynn Rees (LR) Scot Taylor (ST) Thomas Thomik (TT) Diane Walker (DW) Jag Sangha (JS) Anjum Raza (AR)</i>

	<i>Details</i>	<i>Actions</i>
<i>Open section</i>	<p>1. Welcome and apologies DA opened the meeting at 2pm. He introduced Lorna and Carl from Star Medical and new CCA representative from Morrisons, Kingswinford; Anjum Raza. There were no apologies.</p> <p>2. Declarations of interest (if any) None declared.</p> <p>3. Presentation from Star Medical Brief presentation on how Base e-liquid fits into the e-cigarette market. PHE “Vaping poses only a small fraction of the risks of smoking and switching completely from smoking to vaping poses substantial health benefits”. Consistent success seen in Leicester City seen with ‘vape friendly’ stop smoking service. Discussed perceived risks, Benefits, Challenges, Training etc. Not medically licensed but tightly regulated. MD discussed advice around equivalent doses to cigarettes smoked and guidelines for reducing doses.</p> <p>4. Reports CPDO – MD sent in report. Notes on Drive. HIV awareness week next week – had some goodies. HIV awareness training session on 18th November at 10 o’clock at Archives for pharmacies areas of high prevalence. Analysed service data and cost analysis. Few pharmacies had additional training. EHC and doxycycline session – further training. Flu vaccination service – Dudley Council 421 staff in 1st month. Flu planning meeting – notes on drive. Eventbrite – QPS/PCN event 36 attendees. Condom distribution service has started. Meds. Management/Office of Public Health – JS briefly outlined current issues. PCN development – starting to take shape with workplans for the pharmacy medicines element. Awareness of aligning with CP as part of Pharmacy Contract and what can be done going forward. PCN objectives have to be agreed through sub committee and need to demonstrate outcomes e.g. Halesowen – hypertension prevalence and BP monitoring to target. PBP meeting on Wednesday SN attending so should meet PCN leads. MECS – some pharmacies rejecting signed order as not aware of service. Going to do some mapping. Recruiting for Clair’s position - leaves 19th December. As a team looking at who does what. POD meeting delayed again.</p>	<p><i>Action: JS to find dates of PCN meetings.</i></p>



Melatonin task and finish group – **SN** and **DA** attended meeting. Notes on drive. CCG looking at cost of prescribing Melatonin. **JS** commented if nothing is done, cost will potentially double so need to come up with a plan. What documentary evidence is needed if product is unlicensed. Plan to switch to licensed product.

5. Reports

Area Clinical Effectiveness Committee meeting – no meeting. **MK** will attend next meeting on Thursday 21st November.

Prescribing Sub-committee meeting – **VL** attended meeting on 5th November. Circulated report. Notes on drive. Briefly covered main points – stoma services approved, axe the fax deadline 10th January, business case plan for falls prevention in community, medicines safety update, MAS – still some conflict with contracts with CCA, PCN work and agreements.

Primary Care Development Committee – Bi-monthly. **TT** will attend next meeting on 29th November.

POD meeting – postponed now 4th December. **DA** will attend. Issue with fax – **SN** and **DA** had meeting with Lisa and Amy. Will be clean cut off date 10th January for axe the fax. If anyone having difficulties, will be supported but comms are in place to send out to contractors. POD will have dedicated NHS mail account. Need to ensure POD proforma is attached. Expressed concern with checking NHS mail as no ping like fax. Will need secure address for surgeries.

6. AOB

Datix – Unlikely that CCA will use this as already have system in place. Currently in-house systems report into NRLS which committee considers use of will maintain current reporting and learning and not cause duplication of work.

Clair Huckerby leaving – Need to send formal thanks from LPC.

ACTION: Respond to SN regarding Melatonin.

ACTION: JS to check mailing list for ACE to ensure MK gets details.

ACTION: LPC members to read PCN documents.

ACTION: MD to come up with business case plan for falls prevention with CHS.

ACTION: SN to chase comms for axe the fax to forward info to contractors.

ACTION: VL to feed back to PSSC.

ACTION: SN/DA to organise CH leaving gift for next meeting.

Signed
by the
Chair

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