

MEETING: Governing Body

Item Number: 11.1

DATE: 27 October 2015

REPORT TITLE:	Chairperson's Report for Atherleigh and Patient Focus Locality
CORPORATE OBJECTIVE ADDRESSED:	Function as an effective commissioning organisation that puts patients first
REPORT AUTHOR:	Dr Mohan Kumar
PRESENTED BY:	Dr Mohan Kumar
RECOMMENDATIONS/DECISION REQUIRED:	For information
<p>EXECUTIVE SUMMARY</p> <p>On this occasion we are providing a joint report which will give an overview of activity within the Atherleigh and Patient Focus Localities. The report provides a summary of all the Locality meetings that have taken place within Atherleigh and Patient Focus for the period September 2015. The report also highlights any issues that have been raised by member practices during this period.</p>	
FURTHER ACTION REQUIRED:	N/A
<p>EQUALITY AND DIVERSITY: Confirmed that any changes to service or procedure introduced as a result of this report do not impact adversely on any of the protected groups covered by the Equality Act 2010.</p>	

CHAIRPERSON'S REPORT

Chairperson's Name	Dr Mohan Kumar
Committee Name	Atherleigh & Patient Focus Locality meetings
Date of Meetings	September 2015
Name of Receiving Committee	Governing Body
Date of Receiving Committee Meeting	27 th October 2015
Officer Lead	Diane Nicholls / Lynne Hogan

<i>The top 3 risks identified during the meeting & initials of lead with designated responsibility</i>		
1.		
2.		
3.		

Attendance at the meetings[#]:	Excellent
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<i>Was the agenda fit for purpose and reflective of the committees Terms of Reference?</i>	Yes
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Narrative report outlining the key issues of the activities

GP Forum

The GP Forum meeting was held on the 18th September 2015 and was well attended. The key highlights were:

- Deirdre O'Brien from Commissioning Services attended to provide an update on CAMHS, Bridgewater Community Healthcare NHS Foundation Trust GP Practice Survey; Outpatient Redesign, Winter Resilience 2015/16 and a Commissioning Services Newsletter that will now be produced on a monthly basis outlining all the updates for practices.

The key points on CAMHS were:

- Major service transformation programme, led by NHS England is underway
- There are a number of objectives being focussed on
- CCG will be working closely with all local partners and NHS England Specialised Commissioning to develop our local Transformation Plan, which needs to be submitted by 16th October 2015.

[#] **Excellent** (well attended) **Acceptable** (some apologies) **Unacceptable** (not quorate)

The key points on Bridgewater Community Health Care NHS Foundation Trust GP Practice Survey were:

- Bridgewater has sent out the Survey to practices with a deadline for completion of the 30th September 2015. An example of the survey was presented to members.

The key points on the Outpatients Redesign were:

- Reiterated that the purpose of the Outpatients Redesign is to review the current service provision for outpatients and diagnostics on a number of speciality areas
- Speciality Pathway Groups have been established and meet on a monthly basis
- Business Case to be agreed by the CCG Governing Body in September
- Development of the service specification at speciality level
- Continued engagement and consultation with service users and the general public regarding the proposed changes via multiple media

The key points on the Winter Resilience 2015/16 were:

- Number of workshops and three diagnostic exercises to examine performance problems during Winter 2014/15 were carried out by the CCG
 - Winter Resilience Workshop held on the 10th September 2015
 - Schemes now been agreed
 - GP scheme due to start and will finish at the end of March 2016
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- Concern was expressed as to the way patients who were nearing end of life were being discharged from hospital into care homes and GPs whose practices are near the care homes were being asked to take responsibility for the patients. This is being raised with the hospitals.
 - Members were presented with a proposal for the Implementation of the Primary Care Standards and was informed that the purpose of the paper was to present member practices with a series of proposals for implementing the Greater Manchester Primary Care Standards across Wigan Borough and to hold discussions in Locality Meetings which will help to shape the details of the preparatory phase. The proposal is for a phased approach – 1st October 2015 to 31st March 2016 will be the development phase. Practices will be required to complete self-declarations.
 - Members were given a presentation/information and were informed that there will be a workshop in November and then the draft Workforce Strategy will be presented at the November GP Forum.
 - Prescribing update was given.
 - Members reported that there were still some issues regarding waiting times for some Bridgewater services – ear syringing; 24 hour ECG; issues with attending physiotherapy for multiple issues but they will only deal with one then asking for a further referral.

Practice Managers Forum

The Practice Managers meeting was held on the 9th September 2015 and was well attended. The key highlights were:

- A presentation was given on Digital Wellbeing by Wigan Council. The key points were:
 - there is a range of services offered by Libraries and they also provide space for community groups to use
 - Digital Literacy 'Get on line' courses can also be offered
- Rob Wilson, Assistant Director attended and provided individual practice reports indicating potential under-claims during 2014-15. The reports showed what practices could have claimed versus what they did actually claim. Practice Managers were asked to review and feedback any questions/queries regarding the figures. Aim is to help prompt Practices to perhaps think differently and identify any gaps. Practices were encouraged to think about delivering collaboratively in order to ensure investment was not lost to the local healthcare system.
- An update was provided on the Primary Care Standards and a discussion was held with regards to next steps and if it would be helpful to arrange a workshop to discuss each standard in more detail.
- Members were informed that Caroline Sewell would be taking over as Practice Manager for Premier Health at the end of September 2015 as Clare Hitchen was retiring.

Patient Participation Group (PPG)

The Patient Participation Group was held on the 24th September 2015. The key highlights were:

- Presentation was given by Harry Unsworth, Age UK Outreach Worker. The key points were:
 - Services available to anyone over the age of 50
 - Various services from Handyperson, Information and Advice, Advocacy and other services are provided
 - Available to attend PPGs across the borough to inform groups of what is available from Age UK.
- Members from the Commissioning Services Team attended to provide information on the Outpatients Redesign and to ask for patient participation within the redesign.
- An update was given from the CCG Patients Forum meeting that was held in August.
- PPG report was presented from Marus Bridge Practice.
- Members were informed of the sudden death of Dr Deepak Trivedi, Clinical Lead for Atherleigh Locality.

Other areas/activities

Think Ahead Stroke Project

A total of 12 practices have signed up to partake in the Think Ahead Stroke Pilot (2 of these being Atherleigh Practices). The practices had been requested to report back with their data as at the end of September 2015.

Primary Care Community Link Worker/Peer Support Pilot Project

Visits are still being carried out to practices with regards to rolling out the Primary Care Community Link Worker Pilot in all 63. Interviews have taken place for the posts and staff appointed. It is hoped that the pilot will commence in early November.

Agreed actions from the Meeting	Name of lead with designated responsibility for the action/s

Chairperson's Additional Comments

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MEETING: Governing Body

Item Number: 11.2

DATE: 27th October 2015

REPORT TITLE:	TABA LOCALITY EXECUTIVE GROUP REPORT (September 2015)
CORPORATE OBJECTIVE ADDRESSED:	Function as an effective commissioning organisation that puts patients first.
REPORT AUTHOR:	Dr Ashok Atrey
PRESENTED BY:	Dr Ashok Atrey
RECOMMENDATIONS/DECISION REQUIRED:	None
EXECUTIVE SUMMARY	
<p>This report provides an overview of activity within TABA locality in September 2015</p>	
FURTHER ACTION REQUIRED:	None
<p>EQUALITY AND DIVERSITY: Confirmed that any changes to service or procedure introduced as a result of this report do not impact adversely on any of the protected groups covered by the Equality Act 2010.</p>	

CHAIRPERSON'S REPORT

Chairperson's Name	Dr Ashok Atrey
Committee Name	TABA Locality Executive Meeting
Date of Meeting	15 th September 2015
Name of Receiving Committee	Governing Body
Date of Receiving Committee Meeting	27 th October 2015
Officer Lead	Paul Lynch (Assistant Director) Stephen Green (Locality Executive Support Officer)

<i>The top 3 risks identified during the meeting & initials of lead with designated responsibility</i>		
1.	Two new cases of clostridium difficile reported. RCA awaited	All
2.		
3.		

Attendance at the meeting:	100%
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<i>Was the agenda fit for purpose and reflective of the committees Terms of Reference?</i>	Yes
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Narrative report outlining the key issues of the meeting

Clostridium Difficile

There was one new case of Clostridium Difficile reported by Dr Shah, Elliott Street Surgery, Tyldesley, this case was dealt with in hospital and the patient is clear now.
 Dr Hati-Kakoty, Bee Fold Lane Medical Centre reported one new case which has not been reported as yet, Julie O'Malley from Wigan Borough CCG is currently looking into this case – to be brought to next meeting.

Commissioned Services Update

Jennie Collins, WBCCG attended the meeting and updated the group on:

- ↪ CAMHS
- ↪ Bridgewater Community Healthcare NHS FT – GP Practice Survey
- ↪ Out Patient Redesign
- ↪ Winter Resilience 2015/16

It was noted that hand written reports from Safeguarding for Children are not always clear and that things can be missed and any actions should be highlighted for the GP's attention.

Workforce Strategy

A group discussion took place around the Primary Care Workforce Strategy.

Implementation of Greater Manchester Primary Care Standards Proposal (GMPCSP)

Paul Lynch asked the group for any feedback and comments on the GMPCSP. As stages are put into place over the next six months, practices are asked to feedback their comments to the CCG. The CCG will also be working on when payments will be made to practices that have chosen to take part.

Dr Atrey reminded the group that the Borough Wide QIPP Event is being held on: Tuesday, 20th October 2015 and that attendance is required by a GP and Practice Manager.

Dr Atrey also mentioned that though the number of CDI is going up in the Borough, TABA is doing well with regard to this.

Agreed actions from the Meeting	Name of lead with designated responsibility for the action/s
Look at compiling a basic common template for the locality re: Mental Health, Jo Culshaw to follow up with Toni Cooper	Toni Cooper / Jo Culshaw
Check on weighted population figures re: Primary Care Standards	Paul Lynch

Chairperson's Additional Comments

CDI cases going up in the Borough.

Reports to and from Primary Care should be clear but generally be printed.

MEETING: Governing Body

Item Number: 11.3

DATE: 27th October 2015

REPORT TITLE:	Chairpersons Report for Wigan Central Locality
CORPORATE OBJECTIVE ADDRESSED:	1. Supporting our population to stay healthy and live longer in all areas of the Borough.
REPORT AUTHOR:	Kate Davenport
PRESENTED BY:	Dr Tony Ellis
RECOMMENDATIONS/DECISION REQUIRED:	For Information
EXECUTIVE SUMMARY	
This report provides an overview of activity within Wigan Central locality in September 2015	
FURTHER ACTION REQUIRED:	NONE
EQUALITY AND DIVERSITY: Confirmed that any changes to service or procedure introduced as a result of this report do not impact adversely on any of the protected groups covered by the Equality Act 2010.	

CHAIRPERSON'S REPORT

Chairperson's Name	Dr T Ellis
Committee Name	Wigan Central Locality Committee
Date of Meeting	15 th September 2015
Name of Receiving Committee	Governing Body
Date of Receiving Committee Meeting	27 th October 2015
Officer Lead	Kate Davenport Executive Support Officer

Attendance at the meeting[#]:	Excellent
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<i>Was the agenda fit for purpose and reflective of the committees Terms of Reference?</i>	N/A
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Narrative report outlining the key issues of the meeting

GP Locality Meeting

Medicines Management Update

Dr Seabrook spoke to the group about the latest medicines management news including antibiotic prescribing, low dose antipsychotic prescribing and Vitamin B co-strong. He also advised that Pfizer will no longer pursue legal action against doctors who don't prescribe the branded version of Lyrica for neuropathic pain and asked practices to please check the dosage of medicines before prescribing, ie avoid prescribing 450ml if it comes as 500ml.

Due to the number of potential shared care protocols emerging a document has been prepared by Anna Swift, Assistant Director Medicines Management and shared with the group.

Primary Care System Design & Primary Care Standards

Debbie Szwandt attended the meeting and spoke to practices about working with practices on the SCEOS and the Primary Care Standards. Debbie would like to simplify the system in Wigan and work with primary care to determine hopes and fears in access. Some of the issues raised by the group were:

- The number of GPs that are needed to do the work, funding of the practice to meet these demands seems unsustainable.
- Extended hours may be taken away from practices due to hubs taking this over and the patients find extended hours in their own practice more beneficial than attending a hub site.
- Assumptions and decisions are being made without any local input, decisions being made up at NHS England. There are no points of contact for the queries that arise and it is difficult to get a clear answer or response from anyone.
- No one is linking in with Primary Care during crisis points, they are just assuming that the Primary Care teams are ok and will absorb additional work.
- There are some issues of definitions around what are core contract hours, there is no clear lines of what is expected from the practices to deliver.
- If practices do agree a route to take to meet the standards when will they know what plans to

[#] **Excellent** (well attended) **Acceptable** (some apologies) **Unacceptable** (not quorate)

- implement these are, when will decisions be made in order to plan for implementation.
- Challenge to come up with possible ideas when there is no idea of demands and what the infrastructure would be. PMCF has a good infrastructure to build on, in terms of IT etc, but would not be a chosen option for the practices in the room.
 - Primary care – LTC in hours urgent care service that took all the demand from urgent care/same day appointment, GPs would be able to manage LTCs more effectively.

The room expressed some feelings of inequality between the Localities, it was suggested that the different Assistant Director's from the CCG that work on various projects are only working with practices in their localities. Martyn Kent agreed to take this back to his colleagues. Practices asked that they be included from the notification and discussion point of new challenges coming from NHS England in order to understand the options available and work with the CCG towards implementation.

NHS 111

The group all agreed that it was very important that an update from Bridgewater Community Healthcare is received to give them a clear line on what the plans are for Wednesday afternoons.

Questions from the room were:

- If Bridgewater Community Healthcare do continue to cover Wednesday afternoon's, how will the answering machine message work, there would be an issue on the length of the message.
- Who's responsibility is it to be sure that reports from 111 are received in practice before the patient is seen/advice is taken.
- Who has the duty of care for the patient between them contacting 111 and then contacting the practice? It was suggested that unless there is a safeguarding issue then it is up to the patient to take the advice that is given to them.

Commissioned Services

Deirdre O'Brien from Commissioned Services attended the meeting and talked through the newsletter and gave an update on CAMHS, GP Practice Survey, Outpatient Redesign and Winter Resilience.

Additional Information

Future meetings will see the merging of Wigan Central and Wigan North localities to work on the Deep Dives as part of SCEOS requirements.

Chairperson's Additional Comments

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MEETING: Governing Body

Item Number: 11.5

DATE: 27th October 2015

REPORT TITLE:	Chairpersons Report for North Wigan Locality
CORPORATE OBJECTIVE ADDRESSED:	1. Supporting our population to stay healthy and live longer in all areas of the Borough.
REPORT AUTHOR:	Matthew Cooper
PRESENTED BY:	Dr Peter Marwick
RECOMMENDATIONS/DECISION REQUIRED:	For Information
<p>EXECUTIVE SUMMARY</p> <p>This report provides an overview of activity within North Wigan locality in September 2015</p>	
FURTHER ACTION REQUIRED:	NONE
<p>EQUALITY AND DIVERSITY: Confirmed that any changes to service or procedure introduced as a result of this report do not impact adversely on any of the protected groups covered by the Equality Act 2010.</p>	

CHAIRPERSON'S REPORT

Chairperson's Name	Dr P Marwick
Committee Name	North Wigan Locality Committee
Date of Meeting	15 th September 2015
Name of Receiving Committee	Governing Body
Date of Receiving Committee Meeting	27 th October 2015
Officer Lead	Matthew Cooper Executive Support Officer

Attendance at the meeting[#]:	N/A
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Was the agenda fit for purpose and reflective of the committees Terms of Reference?	N/A
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Narrative report outlining the key issues of the meeting

GP Locality Meeting

Matter arising: Joint meeting with Wigan Central & North Wigan 17th in November agreed, meeting at the Todays Church. Start time is 12:30 Agenda to be discussed by both Chairs.

Standing Item – Medicines Management
 New shared care protocols discussed
 PM to write to Anna/Linda about concerns of the amount of upcoming shared care protocols coming.

CCG Updates:

Workforce Strategy
 Presentation projected to the group, MK went through the strategy, timeline and discussion points. Group stated a strategy is needed to attract GP's into the area and into GP, Nurse and Nurse Practitioner roles. Problem getting people into GP training and estate problems of space to train GP's as practices are a full capacity.
 Currently Shevington a training practice uses Wednesday afternoon for the training meetings so will not be able to train with the implementation of Wednesday opening due to Primary Care Standards.

Mental Health Choose and Book
 Group happy with current format but also happy for it to be added to C+B, if both ways are accepted.

C Diff briefing
 Discussed the Q&A form not sure if it is aimed at GP's or Patients.
 Discussed shared learning.

Performance reports
 Not discussed due to full agenda, chair asked practices to review before the next meeting & any queries send to MC.

GP Fit for Work Briefing
 For your Information: Launch of new GP Fit service

[#] **Excellent** (well attended) **Acceptable** (some apologies) **Unacceptable** (not quorate)

Primary Care System Design - Martyn Kent & Debbie Szwandt.

Debbie Szwandt introduced herself to the group as the new AD for Primary Care.

Martyn gave feedback from Wigan Central Locality & asked the group if they would like to be involved in the design work?

By stretching little resource over more days, will mean more emergency care will be provided and less LTC's, Elderly & Dementia patients will be seen.

NHS 111

Possible issue with OOH call Handling on Wednesday afternoon. [Issue now resolved]

Primary Care Standards

Discussed under agenda Primary Care System Design.

Action all to review standards document and send comments to MC.

Commissioning Update - Sarah Marshall

New funding for CAHMS to address 5 objectives. CCG has to link with other CCG's to commission.

Action: Please send any problems or issues to MC.

SM encouraged practices to fill in the Bridgewater survey.

AOB:

Winter pressures

Agreed same as last year 50 per 1000, email to be sent out soon.

PMCF

Atherton Hub to be online soon making 3 hubs.

Practice Managers North & Central Wigan Meeting

Choose & Book (E-referral)

Uplift of 10% has been agreed all Central & North practices will receive full payment. The payment for next year is in discussion with the LMC to amend the formula. Practices to receive individual letters

Jon Price – HCP Admissions

Group discussion on calls to the NWS & the NWS Service.

Free Emergency Defibrillators were offered to practices.

Access to med records re insurance companies

Everyone has put access to med records in place. You now have to ask patients if they want their full records sharing, if an insurance company asks for the full records.

Fit for Work

For your information: Launch of new service which GP's can refer too.

Uploading discs to COIN Network

Group discussed, with other I.T issues. Group agreed to meeting on the 20th Oct with Jonathan Kerry to discuss I.T.

Rob Wilson – outstanding claims

Individual practice reports to be sent out showing 14/15 DES, LES, LCS & SCEOS money available to practices

Additional Information

Chairperson's Additional Comments

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MEETING: Governing Body

Item Number: 11.5

DATE: 27th October 2015

REPORT TITLE:	ULC LOCALITY EXECUTIVE GROUP REPORT (September 2015)
CORPORATE OBJECTIVE ADDRESSED:	Function as an effective commissioning organisation that puts patients first.
REPORT AUTHOR:	Dr Sanjay Wahie
PRESENTED BY:	Dr Sanjay Wahie
RECOMMENDATIONS/DECISION REQUIRED:	None
EXECUTIVE SUMMARY	
<p>This report provides an overview of activity within ULC locality in September 2015.</p> <p>The meetings were well attended and the main topics of discussion were:</p> <ol style="list-style-type: none"> 1. Implementation of Greater Manchester Primary Care Standards proposal. 2. Workforce Strategy. 3. Commissioned Services Work Programme. 	
FURTHER ACTION REQUIRED:	
EQUALITY AND DIVERSITY: Confirmed that any changes to service or procedure introduced as a result of this report do not impact adversely on any of the protected groups covered by the Equality Act 2010.	

CHAIRPERSON'S REPORT

Chairperson's Name	Dr Sanjay Wahie
Committee Name	ULC Locality Executive Meeting
Date of Meeting	15 th September 2015
Name of Receiving Committee	Governing Body
Date of Receiving Committee Meeting	27 th October 2015
Officer Lead	Gillian Watson (Locality Executive Support Officer)

<i>The top 3 risks identified during the meeting & initials of lead with designated responsibility</i>	
1.	None reported
2.	
3.	

Attendance at the meeting[#]:	Excellent
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<i>Was the agenda fit for purpose and reflective of the committees Terms of Reference?</i>	Yes
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Narrative report outlining the key issues of the meeting
<p><u>ULC GP Locality Meeting held on Tuesday 15th September 2015</u></p> <p><u>Update on Commissioned Services Work Programmes</u></p> <p>Chris Broadbent attended the meeting to give an update on Commissioned Services Work Programmes including CAMHS, Bridgewater Community Healthcare Survey, Outpatient Redesign and Winter Resilience 2015 / 16.</p> <p>The following key points were noted:</p> <p><u>CAMHS</u></p> <ul style="list-style-type: none"> • Sarah Marshall, WBCCG is the lead on the CAMHS service and is working on a local Transformation Plan. • It was noted that there needs to be a single point of access, an umbrella of services and triage within. Services need to be identified and issues in community need to be kept in the

[#] **Excellent** (well attended) **Acceptable** (some apologies) **Unacceptable** (not quorate)

system until they get seen.

- There are services for behaviour problems but some GP's might not be aware.

Bridgewater Community Healthcare Survey

- Part of the contract requirement that BCHFT undertakes some GP surveys on selected services.

Outpatient Redesign

- Purpose is to review current service provisions and redesign services across an agreed list of specialities.
- Patient engagement events with PPG's with the hope of planning a patient focus event.

Winter Resilience 2015/16

- Planning started in March 2015. Allocation agreed by SRG (System Resilience Group)
- Extending discharge lounge to utilise more, Extended the re-admission team in particular nursing homes, 2 ANP in EMI homes and Care home liaison services in nursing homes.
- Discharge team – ensuring that transferred paperwork is received before the patients arrive at their new venue.

CCG update

Implementation of Greater Manchester Primary Care Standards proposal

Discussions took place around the local implementation of GM Primary Care Standards informing that the paper is to present with a series of proposals for implementing the Greater Manchester Primary Care Standards across Wigan Borough.

The CCG recognises practices will deliver the standards differently and there will be variability to what level a practice will be at. Therefore the CCG is suggesting supporting practices with the standards and if practices sign up to the development phase they would receive c. £2.50 per head weighted practice population.

Each individual standard was discussed and the main issues which needed further clarity on where:

- How many sessions would a female / male need to do per surgery to satisfy the standard. Could practices work together, and patients seen elsewhere?
- Would surgeries need to be open on Wednesday PM or would Bridgewater OOH / hubs count. Dr Wahie felt that this would be up to the individual surgeries.

Overall the practices were very positive and welcomed the plans. The GP's did query the mechanics of receiving the funds and how do they indicate their interest in view of the short timeframe.

Workforce Strategy

Paul Lynch gave an update on the workforce strategy informing that the strategy is being developed to strengthen the primary care workforce to meet changing demands in the next few years; the CCG recognises the pressures on the primary care workforce. A workshop is timetabled for October, which has been supported by Tim Dalton, chair of CCG to look at the main themes, but would like the views from the practices at what are the key challenges currently practices are facing in terms of workforce.

Dr Wahie noted that all should come along to the workshop to help formulate the strategy, and hopefully the strategy will be a solution if want to influence services.

Prescribing Update

Updates given following the last medicine management meeting on Vitamin B, Share care protocols, Patient Safety Toolkit and the European Antibiotic day in November.

ULC Practice Managers Meeting held on Tuesday 15th September 2015

Records Access Online

John Quinn, Implementation Lead for Patient online, NHS England attended the meeting to give an update on Patient Access Online. It was noted that by the 31st March practices should be switched on to enable access online so that patients can book appointments / repeat prescriptions and have access to summary information. John is happy to come out to individual practices.

Update on Enhanced Service Claims

Rob Wilson, Assistant Director, WBCCG presented to give an update on this process.

Workforce Strategy

Paul Lynch gave an update on the workforce strategy informing that the strategy is being developed to strengthen the primary care workforce to meet changing demands in the next few years; the CCG recognises the pressures on the primary care workforce. A workshop is timetabled for October, to look at the main themes, but would like the views from the practice managers.

Primary Care Standards

Debbie Szwandt discussed the Primary Care Standards referring to the proposals for investment which will support a development and preparatory phase during October 2015 – March 2016.

ULC & TABA Locality PPG Meeting held on Wednesday 09th September 2015

The ULC PPG member and TABA PPG members met for the first time, the meeting was well attended with Jennifer Collins, WBCCG attending to discuss the Outpatient Redesigns. It was agreed that ULC and TABA PPG joining together would be on an interim period, reviewing whether or not this will continue after 6 months.

Agreed actions from the Meeting	Name of lead with designated responsibility for the action/s

Chairperson's Additional Comments

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