

Annual General Report



Gateshead & South Tyneside
Local Pharmaceutical Committee

Passionate about pharmacy

Contents

Mission & Vision	<i>Page 3</i>
Chairman's Report	<i>Page 4</i>
Secretary's Report	<i>Page 7</i>
Treasurer's Report	<i>Page 16</i>
Annual Accounts	<i>Page 17</i>
Communication Officer's Report	<i>Page 18</i>
<i>Pharmacy Flu Service</i>	<i>Page 19</i>
Subgroups & Meeting's Attended	<i>Page 20</i>
Committee members	<i>Page 21</i>
Enquiries and Contact Details	<i>Page 22</i>
Appendix 1- Nolan Principles	<i>Page 23</i>

Mission and Vision

Gateshead and South Tyneside Local Pharmaceutical Committee represents all pharmacy contractors regardless of company (including multiples and independents). Our committee is made up from a representative sample to reflect the mix of pharmacies in the area.

Vision Statement

For the next 5 years Gateshead and South Tyneside Local Pharmaceutical Committee (LPC) will continue to be a structured and efficient organisation with mutually beneficial alliances, capable members and specialist advisers. It will improve relationships and engage with all stakeholders, enabling the people of Gateshead and South Tyneside to receive the highest possible quality of pharmaceutical care from community pharmacy and provide a vital role in holistic patient care.

Mission Statement

Over the next five years the LPC will increase its capability and capacity as an effective representative committee for community pharmacy. The LPC will endeavour to extend the range of services that are commissioned from community pharmacy, by raising awareness of the exemplar services provided to date, and the true value of community pharmacies as the third pillar of health care alongside our colleagues in the Medical and Nursing professions.

Nolan Principles of Governance

As a committee the LPC adheres to the Nolan principles of governance. A copy of which is included in the appendix.



Chairman's Report

Welcome to my Chairman's Report for the past year; and "once again" what a challenging year it's been for Community Pharmacy - and your Local Pharmaceutical Committee...

We had elections in April, so the New Year began with a new team. Most members were returned, but we had one new member Tomal replacing outgoing CCA representative Denise. (We still have 7 independent "elected" representatives and 6 "appointed" CCA representatives). Throughout the past year, the LPC has continued to work very hard with all the local health commissioning bodies: we now have strong links with the Area Team of NHS England, the Clinical Commissioning Group (CCG) in South Tyneside and with Public Health embedded within the Local Authorities of our area. It's fair to say that we have tried to engage with the CCG in Gateshead, but this has been difficult due to the fact that the CCG was merging with Newcastle CCGs. We have an engagement strategy to deal with this newly merged entity by working with our colleagues in North of Tyne LPC. We have also been reaching out into the third sector - building strong links there. It's so important for us that community pharmacy's voice is heard at every opportunity. Indeed in September, I attended the CCG public engagement event and gave a talk called "**think pharmacy – think differently**" It was well received and many 3rd sector organisations asked to meet the LPC to discuss ways of working together. This has led to the LPC being "plugged" into many third sector organisations.

Back in April, once again LPC representatives spent a lot of time negotiating a **flu vaccination service** as part of a Regional team. We finally got an agreement to start in September, when the flu vaccines arrived. We offered training where appropriate either on-line or "live training." This year, all the regional LPCs got together and worked with Metro Radio to produce **radio advertising** for the service – which was a first for us! Once again, we recorded our transactions on a PharmOutcomes platform and "in real time" we could see how well we were doing! We also recorded patient satisfaction with the service and we did really well - more than **doubling** last year's figures - which hopefully bodes well for a future service next year! Well done to all those contractors taking part in this service.



In May, I asked the communications team to look at our "communications" list and **ensure that we are reaching all contractors**. The team did the audit and ensured this is the case; they also subdivided the names so that we can now target our communications to just pharmacists/contractors if we need to. The list has over 500 names on it at present.

Also in May, we had a very successful workshop meeting with South Tyneside CCG executive which subsequently has led to a very successful working relationship, and which ultimately led to the new minor ailment scheme in South Tyneside (see later).

In July I attended a public consultation event on the proposed new ideas for urgent care in South Tyneside – **The LPC view was that community pharmacy should be involved in this and that a “beefed up” minor ailment scheme should play a significant part in it.** I was asked to attend and present at a future CCG engagement event on community pharmacy. This I did, and following negotiations, in late March of 2015, we began training pharmacists and their staff with the detail of a new minor ailment scheme – “think pharmacy first”. This scheme was due to launch in April 2015 and would position community pharmacy firmly within the self-care/urgent care pathway. A new formulary and a new list of conditions to treat was produced, with agreement that the formulary will expand and develop over time. Advertising will follow once launched.



In late summer, the Regional LPC started to talk about **companies of scale** and Federations. This is important and other meetings have followed. We are convinced that the LPCs need to seed a vehicle to manage services for contractors – more detail will follow as it becomes available.

Also in the Summer, we obtained a successful outcome over the protracted late payment problems suffered by contractors. Contractors hadn't been paid for almost a year for minor ailments and MAR chart services. We reached an agreement and agreed an 8% compensation for late payment.

Around Christmas time, normally things get a little quieter – not this year! This year the LPC was up to its eyes in helping redesign the 2 minor ailment schemes in our patch (as stated above) – we wanted the new services to be bold services with many new conditions and a raft of PGDs enabling pharmacy to truly be the first port of call for minor ailments - with good advertising and good signposting links for referral.

In addition we attended meetings to help redesign urgent care in South Tyneside – involving pharmacy as much as possible. We tried to deploy community pharmacists into accident and emergency to “queue bust” armed with a minor ailment pad. We were successful in securing funding for this initiative, but the service wasn't rolled out due to hospital bureaucracy.

In late December we agreed with the other LPCs in our Region to purchase PharmOutcomes on a Regional Basis - more cost effectively for all - and so that contractors

could provide a new urgent care service. This new service became a reality very soon afterwards for the winter season, contractors could now offer (on the NHS) free medication to those who have run out to avoid turning up at Casualty.

Also, the Exec team were involved in helping with the pharmacy needs assessments (PNAs) for Gateshead and South Tyneside. All these things landed in December with very tight time frames.

In January the LPC finished the new 4 year strategy document – to be used from April 2015. This document really sets our thoughts on the direction of travel for the LPC and is worth a read – it's available on the website.

Closing this report, I'd like to pay **tribute to the current LPC** on your behalf for all the hard work the members do for contractors; particularly to the other officers on the exec team: Louise, Sami and Jon. Thanks again to our PSNC representative, Mark Burdon, who has kept us informed with information from the PSNC throughout the year and for organising and “chairing” the Regional LPC – where we explore areas of mutual interest the Region and between Regions.

Your LPC is working hard to secure a viable future for community pharmacy in Gateshead & South Tyneside. Please ensure that you're receiving the news feed from us – either by website, twitter, or other - to maximise opportunities and to keep yourself in the loop. If you do not currently receive information electronically from the LPC, please make contact with our communications officer, Sami, who will ensure that you do.



David Carter, FRPharms
Chairman,



Secretary's Report

2014-15 has been “a year of engagement” for the LPC; embedding community pharmacy in the Local Authorities, CCG's and Foundation Trusts.

This has not always been easy and often we have faced some resistance and reluctance, but persistence from the Executive Team has ensured that your Local Pharmacy Committee is recognised by all commissioners and the benefits of utilising community pharmacy within the NHS and Local Authorities is now widely recognised. The LPC now sits on numerous new working groups within the CCGs and Councils.

I have personally enjoyed another year as secretary and administrator for the committee and the opportunity this affords to champion the key role community pharmacy has to play within the NHS and LA. I would like to take this opportunity to thank all committee members for their efforts this year.

Gateshead & South Tyneside LPC is comprised of the members listed in the table on the text page;

LPC member	Membership	Possible attendances	Actual attendances
Mr David Carter (Chairman)	Independent elected	6	6
Mrs Louise Lydon (Secretary)	Independent elected	6	6
Mr Sami Hanna (Vice chairman)	Independent elected	6	6
Mr Jon Green (Treasurer)	CCA appointed	6	5
Mr Mark Burdon*	Independent elected	6	1
Mrs Tracy Groves	Independent elected	6	5
Mrs Lisa Simpson	Independent elected	6	6
Mrs Aina Osunkunle	Independent elected	6	5
Mrs Jennifer Graham	CCA appointed	6	5
Mr Richard Anderson	CCA appointed	6	5
Mrs Emma Morris	CCA appointed	6	5
Mr Alex Graham	CCA appointed	6	4
Mr Tomal Karim	CCA appointed	6	6

*PSNC Northern Regional representative.

This year the LPC elections took place, which led to 6 CCA appointed members and 7 elected independent-pharmacy members, due to the ratio of pharmacy contracts in our area. Mr Greg Burke, as returning officer, administered this process efficiently and advised the committee that all members were to be returning.

September's Annual General Meeting reaffirmed the executive officers in their roles:

LPC Chairman – Mr David Carter

LPC Secretary – Mrs Louise Lydon

LPC Vice Chairman and Communications Officer – Mr Sami Hanna

LPC Treasurer – Mr Jon Green

Mr Greg Burke, Regional LPC Secretary, continued to support the committee in the capacity of minute taker. Greg's fulfilment of this role ensures that all committee members can fully take part and contribute to proceedings whilst notes are simultaneously recorded.

LPC meetings have continued to be daytime, bimonthly meetings, allowing increased productivity and attendance from all members.

Daytime meetings have allowed the LPC to engage extensively with Public Health, the CCG's, NECS, our hospital pharmacy colleagues, the third sector and many more organisations (please see the extensive list of LPC guests at the end of this report). The LPC has demonstrated the value of community pharmacy during these working meetings, hosting workshops and offering open invitations to attend future LPC meetings, keeping all lines of communication open.

The sub-group format has remained in place and this allows the main LPC meetings to remain focused and strategic, while the working groups have an opportunity to focus on their work with greater detail and the appointed chair is responsible for feeding back to the committee with progress and proposed actions as a result of their work.

This format remains a success and collectively the sub-groups have achieved a great deal this year, working up many new services such as the “Think Pharmacy scheme”, “the MUR + service”, “extending the flu service”, as well as reinforcing and communicating the role community pharmacy has to play within the wider NHS and LA at every opportunity.

In particular, the events and educational sub-group have worked extremely hard, organising and facilitating a range of courses and updates over the last 12 months. In fact 100’s of local pharmacists (as well as their support staff) have attended educational updates and launch events for Minor Ailments, Flu, Mental Health, Suicide Prevention, EHC updates, Shared-care substance misuse training, and many more. The LPC facilitated over 100 dementia friends to be trained across Gateshead and South Tyneside and was praised by Local Authorities for this contribution to their ‘older person’s agenda’.

The LPC has worked with National bodies on a pharmacy carers-friendly pilot and the results have evaluated very well; our Gateshead pilot pharmacies devoted staff and resources into this pilot and commented on the increased job-satisfaction and greater integration into the community.

Our training and educational ethos has been recognised both locally and nationally and our LPC has featured in several PSNC publications/discussions as the ‘gold standard’.

Community pharmacies once again delivered Flu vaccinations and increased uptake to the previous year – indicating community pharmacy has an appetite for clinical services!

Table 2 identifies committee representation on the various strategic working groups across the CCG’s, Public Health, Foundation Trusts and so forth.

Table 2. LPC representation on strategic groups.

LPC Leads	LPC Representatives
Pharmacy Contract Monitoring meetings	David Carter Louise Lydon Sami Hanna
Local Representatives Committee	Louise Lydon Sami Hanna David Carter
Regional LPC	David Carter Louise Lydon Sami Hanna Jon Green (CCA rep)
South Tyneside Prescribing sub-committee	Mark Burdon / David Carter
Gateshead Prescribing sub-committee	Lisa Simpson / Tomal Karim
South Tyneside Substance Misuse (First Contact Clinical)	Louise Lydon
Gateshead Shared – Care DAT	Tracy Groves
Drug related deaths (local intelligence)	David Carter
Electronic prescription services	David Carter
Audit	Lisa Simpson
Pioneers Operational Group (POG) STCCG	Louise Lydon David Carter
Gateshead Carers	Sami Hanna Aina Osunkunle
Working with industry - pilots	Louise Lydon and various co-opted members
NHS IQ work stream (integration group) STCCG	Sami Hanna Louise Lydon
New Pharmacy Contracts	David Carter Sami Hanna Louise Lydon Plus co-opted members (site visits)

David Carter

PNA working group – Gateshead council

Sami Hanna

PNA working group – Gateshead council	David Carter Sami Hanna Louise Lydon
PNA working group – ST council	David Carter Sami Hanna Louise Lydon
QE / LPC Educational working group	David Carter Sami Hanna Louise Lydon
Winter pressures (working with STFT and ST CCG) Urgent Care	Louise Lydon David Carter Sami Hanna
Smoking Services / Tobacco Alliance	Louise Lydon
Pharmacy Flu – service	Sami Hanna Louise Lydon (deputy)
EHC / Sexual Health Services	David Carter Louise Lydon (deputy)
Education, training and development (Events group)	Louise Lydon Sami Hanna

Contractor support and engagement has been a priority for the LPC through 2014-15, with many contractors and local pharmacists commenting on the excellent level of support from their LPC.

The LPC officers receives hundreds of queries each month by phone, email or via the contractor support icon on the webpage; all are dealt with in an efficient and timely manner, on a daily basis, with full consideration given to all. Queries range from contractual obligations (Audit, CPPQ and CPAF), training requirements, SLA and PGD queries, funding and payment queries, general advice and so forth.

Other organisations are also recognising the LPC's ability to respond promptly and daily communications are occurring with CCG's, LA's and many more.

The LPC faced a very busy period before Christmas with both Gateshead and South Tyneside Local Authorities working on their PNA's, with very tight timeframes. The LPC delivered robust representation on both stakeholder groups and contributed extensively to PNA discussions, often correcting misconceptions of community pharmacy and the data held locally.

G&ST LPC have continued to work with other LPC's regionally to pool resources and work collaboratively to good effect. Joint working includes educational updates and training sessions, rigorous communication bulletins and updates, joint responses to consultations and engagement. G&ST LPC with ST CCG, have lead the way with the "Think Pharmacy scheme", with many local CCG's adopting our SLA.

Pharmabase, as the platform for payment for many enhanced services, has continued to grow over 2014-15, with commissioners seeing the benefits of this system and buying into the functionality. Thus enabling prompt payments and transparent invoicing to commissioners.

The late payment for enhanced services (Minor ailments, MAR charts) were challenged by the LPC and an 8% late payment fee was secured for all contractors, again demonstrating the robust representation of your LPC for community pharmacy.

In general the output of the LPC has encompassed a broad range of issues this year. The main focus has been around ensuring community pharmacy is recognised as the "first port of call" within the NHS and as a vital player in public health interventions, due to our knowledge, location and access advantages.

We take every opportunity to represent pharmacy in a positive light and will continue to do so throughout the ensuing year and beyond.

As always, I'm here to help and advise contractors to the best of my ability so please don't hesitate to get in touch.

Louise Lydon
Secretary



List of observers

Catherine Armstrong (Locum and Practice Pharmacist)

Numerous local pharmacist, contractors,

Pre-registration pharmacists and undergraduates

List of Guest Speakers

Graeme Richardson, Chief Pharmacist, South Tyneside Hospital

Neil Gammock, Chief Pharmacist, Queen Elizabeth Hospital

Amanda Heley, Director of Public Health, South Tyneside

Carole Wood, Director of Public Health, Gateshead

Jeanette Stephenson, Head of Medicines Management, NECS

Anne-Marie Bailey, Medicines Management NECS/ GCCG lead

Marie Thompkins, Medicines Management NECS/ STCCG lead

Wendy Surtees, Public Health, ST Council

Janice Chandler, Public Health, ST Council

Gill McGill, Public Health, ST Council

Ken Richardson, Public Health, ST Council

Cath Scott, Public Health, Gateshead

Dr David Hambleton, Chief Executive, ST CCG

Dr F Nixon, Lead GP, ST CCG

Dr J Tose, Lead GP, ST CCG

Dr M Walmsley, Lead GP, ST CCG

Jo Farey, Commissioning Manager ST CCG

Aaron Tucker, Commissioning Manager ST CCG

Christine Briggs, Director of Operations, ST CCG

Phil Taylor, Pioneers Programme, ST CCG

Catherine Baldrige, Immediate Care Hub ST

Denise Burrige, Gateshead Substance Misuse

Debbie Forsythe, First Contact Clinical

Vicky Major, First Contact Clinical

Andrea Mulligan, NECCA, Needle Exchange

Paul Cuskins, Healthwatch

Bev Wears, British Lung Foundation

Paul Stafford, Sunderland College, Apprenticeships

David Messenger, Sexual Health

Debie Kelechi, Gateshead Carers

Serena Bowens, Telehealth

Emma Bryclend, Ferring, Pentesa review

Stuart Wilson, Microlife, AF detection

Andrew Swain, Pfizer, Stop smoking

Daniel Little, TEVA, COPD

Treasurer's Report

It's been another very busy year for the LPC. We managed to re-negotiate another winter flu vaccination service which started much earlier than previous years and gave us a better chance to vaccinate more patients. Negotiations were also ongoing for other services which although did not commission in 2014-2015, were successful after. To enable pharmacists to administer flu vaccinations the LPC organised a series of training courses and throughout the year we also organised other training events for many different subjects.

The LPC has also been engaging with both CCG's and councils in the area with the aim of developing new services for the benefit of contractors both for the present and the future.

At the beginning of the year, with the help of the Regional LPC, we purchased the licence for PharmaOutcomes. This gives us much more control over the program and more importantly, access to the data which we can use to demonstrate how important it is for community pharmacy to be included when local services are commissioned.

During the year, we have also been revamping and refreshing our strategy to ensure we are focussing our efforts and time in the areas that we think are most important and beneficial to community pharmacy in our area. Following this, we then created a budget with cost centres that reflected the strategy so that moving forward we could ensure that money was spent wisely on promoting the strategy's aims.

Jonathan Green
Treasurer



Annual Accounts

Gateshead and South Tyneside Local Pharmaceutical Committee Income and Expenditure Account for the year ended 31st March 2015

Receipts			
LPC Statutory Levy		179,291.85	
Sundry Receipts		10,582.22	
Bank Interest Received Northern Rock	1,214.86		
Less Tax Deducted	<u>248.95</u>	995.90	
		<u>190,869.97</u>	
			<u>206,425.48</u>
Opening Bank Balances 1st April 2014			
Barclays Bank plc General fund	36,102.08		
Northern Rock plc	<u>55,680.06</u>	92,782.14	
			<u>228,652.11</u>
			<u>77,226.63</u>
			<u><u>£283,652.11</u></u>
Closing Bank Balances 31st March 2015			
Barclays Bank plc General fund	19,550.67		
Northern Rock plc	<u>57,675.95</u>		
			<u>206,425.48</u>

Signed by

Jonathan P Green

Treasurer

We have examined the above Income and Expenditure Account for the year ended 31st March 2015 and hereby certify that the Accounts are in accordance with the financial records maintained for the year. We have not carried out an audit.

Read, Milburn & Co
Chartered Accountants
71, Howard Street, North Shields

Communication's Report

2014/2015 has seen the communications role within Gateshead and South Tyneside LPC become an even more integral part of our contractors ability to keep up to date.

The website is updated on a weekly (sometimes daily) basis to ensure all news is available in real time. It is a central platform in our communication strategy which also allows contractors to feedback to the LPC.

There is now a services tab on the main home page which allows contractors to find all they need to know about which services have been commissioned locally and see the SLA's and contact details all in one place.

This is a huge benefit to pharmacists who may be new in store as it allows them to maintain continuity of service with minimal disruption to the community they serve.

Our Twitter and Facebook feeds continue to increase in popularity as we engage more with our younger and more digital savvy pharmacists who are used to getting their information online.

This is the end of my 8th year as Communications Officer and as we become more established as a team it has been possible to change our ways of working, to make sure we stay productive and consistently provide our contractors with value for money.

At the start of the year we moved to bi monthly daytime communications meetings allowing us to focus on larger pieces of patient facing work, linking in with local and national NHS incentives.

We have also used this time to liaise with neighbouring LPC's to break down boundaries and give "pharmacy" a stronger voice in the community.

For internal communications we successfully completed the PSNC self audit and shared the results with the full committee. We are proud to be Green for the majority and have a clear action plan in place for the areas we believe we could be even better, striving to make sure we use our contractors money responsibly.

On a personal level I am proud to be part of such a forward thinking LPC where communication with contractors is firmly at the heart of all we do.

Sami Hanna
Communications Officer



Pharmacy Flu Service 2014/15

A big thank you to everyone who helped make the 2014/15 flu service the most successful yet.

The number of participating pharmacies increased from 49 to 76 and the vaccines administered from (figure) to 5784. One pharmacy administering 391 vaccines.

The increased service uptake was partly due to advertising on Metro Radio which was well received but also to the enthusiasm of the pharmacies taking part, target customers have responded well to the information provided in pharmacy by staff and the service is welcomed.

The LPC has worked hard over the last 3 years to commission this enhanced service which is now re-commissioned for 2015/16.

Why not be part of this success ?

5000 patients said they preferred to have their vaccination in the pharmacy so get involved check the LPC website for more information on available training and hints on how to start or improve you service and continue developing pharmacy to meet the increasing challenges of community healthcare provision.



Sub Groups

Gateshead Medicines Management Committee

The group works to ensure appropriate policies and processes remain in place for the handling of all requests for drugs to be added to the local formulary

The GMMC has worked with stakeholders across Gateshead to implement the recommendations of the NICE Good Practice Guidance on Developing & Updating Local Formularies published in Dec 2012.

This includes ensuring continued compliance in Gateshead with all NICE Technology Appraisals involving medicines, and to ensure the inclusion of these medicines within the local formulary. It also includes ensuring the formulary is available on publically accessible website in both primary and secondary care.

The GMMC has worked with stakeholders in Gateshead and across NHS South of Tyne & Wear to develop/launch guidelines and to review exiting guidelines.

The GMMC continues to work with stakeholders in Gateshead to introduce measures to manage the increasing drug spend in both primary and secondary care. These are aimed at ensuring the cost-effective use of medicines for the wider healthcare economy which will release money to fund new additions to the formulary, and new medicines as they come to market.

The GMMC meets every 2 months at the Queen Elizabeth Hospital.

Gateshead CCG Communications Group

The group works with stakeholders in Gateshead to improve existing lines of communication and to develop new ways of communicating between the stakeholders to improve patient care.

The meetings are a strategy meeting one month and an update meeting the next.

LPC Practice Audit Group.

There was no practice audit for 2014/15 ran by the LPC

Committee Members



David Carter
Chairman
Independent



Louise Lydon
Secretary
Independent



Sami Hanna
Comms Officer/Vice Chair
Independent



Jonathan Green
Treasurer
CCA - Lloyds



Lisa Simpson
Independent



Tracy Groves
Independent



Tomal Karim
CCA - Asda



Aina
Osunkunle
Independent



Richard Anderson
CCA - Co Op



Alex Graham
CCA - Lloyds



Jenny Graham
CCA - Boots



Emma Morris
CCA - Boots



Mark Burdon
Committee Member & PSNC Rep
Independent

Enquiries

If you have any enquiries regarding this report please get in touch with:

Sami, our Communications officer on:

Sami Hanna

Gateshead & South Tyneside LPC
C/o Lobley Hill Pharmacy
72 Malvern Gardens
Gateshead
NE11 9LJ

Email: sami.hanna@gandstlps.net
Tel No: 0191 4200213
07930 342035

If you want to get in touch with the LPC on any other matter please contact our Secretary, Louise on:

Louise Lydon

Gateshead & South Tyneside LPC
C/o Edinburgh Road Pharmacy,
89 Edinburgh Road,
Jarrow
Tyne & Wear
NE32 4BB

Email: louise.lydon@gandstlps.net
Tel No: 0191 489 8053
07977 007 152

Nolan Principles

The Seven Nolan Principles:

The 'Nolan Principles' code of practice has been written with regard to the seven principles of public life identified by the Nolan Committee in their First Report on Standards in Public Life in May 1995 and subsequently endorsed by the government. Gateshead and South Tyneside LPC, actively promote, and members adhere to, the principles set out below.

Selflessness

Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family or their friends.

Integrity

Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisation that might influence them in the performance of their official duties.

Objectivity

In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for awards or benefits, holders of public office should make choices on merit.

Accountability

Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

Openness

Holders of public office should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

Honesty

Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

www.gandstlpc.net

 facebook.com/gstlpc

 [@gstlpc](https://twitter.com/gstlpc)