

# Annual Report



Gateshead & South Tyneside  
Local Pharmaceutical Committee  
*Passionate* about pharmacy

**2015-2016**

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# Introduction – Mission & 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.



# Chairmans Report

Welcome to my Chairman's Report for the past year; and what a year of contrasts we've had – with new services and new ways of working being prominent in the first part of the year (together with some of the same old challenges) and then on Dec 17<sup>th</sup> we had **Armageddon...**

So, reflecting on the year...

On April 1st (not an April fool) we started the New Year with a bang – a shiny new **minor ailments scheme (MAS)** in South Tyneside “Think Pharmacy First.” It was a soft launch to begin with, with a gentle roll over into the new formulary; but what a formulary it was! The LPC was delighted that all eligible pharmacies signed up to provide this service. We had negotiated a bold service with CCG colleagues and the new service came complete with as many common indications as we could imagine and a good formulary of products to match the symptoms. Advertising soon followed in the summer - and the public are now being encouraged to attend community pharmacy for a consultation for a minor ailment instead of “rocking up” at GP practices, walk-in-centres or A&E. The idea is that a member of the public gets the same consultation at the pharmacy (with no appointment) as they would in these other places, but more conveniently and at a reduced price to the NHS! I attended and presented on “pharmacy first” at the practice managers meeting on 19/5/15. This was well received and hopefully led to more signposting into pharmacy. The Secretary and I attended and presented to practice support staff as part of their TITO training event on 18<sup>th</sup> June to encourage referrals still further. In addition, on 29<sup>th</sup> July I attended South Tyneside Council's Health & Well-being board meeting to help answer questions on the MAS as it was being presented by the CCG at that meeting. The service was again well received.

As part of the publicity, I said “The LPC is absolutely delighted that the CCG has commissioned this “new” minor ailment scheme in our patch. The broad formulary will enable pharmacists to be the 'first port of call' for minor ailments; and will help to ensure only appropriate people turn up or book appointments at A&E, Walk In Centres or GP surgeries.”

The service began well and is still growing...It's hoped things will get even better as the formulary is expanded with a range of POM medicines on PGD which is under negotiation as we go to print.

The CCG put forward the scheme for an award at the North East & Cumbria commissioning



awards on 18<sup>th</sup> June...and we won the award for collaborative working along with NECS and the CCG! (see picture below).



In late April, we had more good news, Gateshead CCG agreed to commission a minor ailment scheme based on the South Tyneside model, again called “pharmacy first”, and we began the process of making it happen. The launch event was held on 16<sup>th</sup> July and we had over 100 pharmacists & staff in the room. The service began on August 3<sup>rd</sup> and is going well.

Another new service began in the Summer **“Transfer of Care.”** This innovative service uses pharmOutcomes (our claims platform) to invite community pharmacy to pick up a service following a patient's discharge from hospital. This facilitates hospital discharge MURs, smoking cessation, NMS or other services requested by our hospital colleagues. (See the report below from Our Transfer of Care Lead)

During the year, electronic transmission of Prescriptions (**ETP**) became a reality in a big way - in April we had the roll-out of ETP into all surgeries in Gateshead and then from June South Tyneside GP practices rolled out ETP in a progressive manner. Some pharmacies attended the launch meetings in practices - and the LPC tried to attend where possible. The new systems took a while to embed into pharmacies and there were teething problems with smart cards etc., and expectations...but we got through it and now for most pharmacies the vast majority of prescriptions are now electronic.

At the July LPC meeting we launched our new 5 year **strategy** document. This refreshed document was then circulated to stakeholders. You can find a copy of our strategy on our website. The LPC exec team then revamped the LPC budgets & cost centres during the Summer to mirror the strategy, so that the Treasurer can now see exactly what is being spent; and ensure it's spent on our strategic aims.

Over the past few years the LPC has considered the idea of forming a **company of scale** to manage certain services that cannot be managed by the LPC for constitutional

reasons – basically the LPC cannot contract manage contractors as we represent them and we are aware that the CCG wants to commission services from a single entity and not from lots of individual pharmacies. During the year, this was picked up again as we realised during the Summer that the CCGs were going to put the minor ailment schemes out to tender - so we clearly needed a vehicle to bid for the services.

At first, we started to work with our regional colleagues to form a regional company of scale, but it was clear after a couple of meetings, that a regional company of scale was too big...then we discovered that the NPA was working centrally with other national bodies to form an overarching company to help the smaller local companies. We agreed, therefore, to form a company with North of Tyne LPC as Gateshead/Newcastle is **one CCG** - so it made sense. The exec teams of both LPCs met up several times to flesh out the idea, and shortly Durham and Darlington LPC came on-board as the 3<sup>rd</sup> partner organisation. At the time of writing the company paperwork is being finalised and then a contractor vote will be taken to complete the process.

Then on 17<sup>th</sup> December 2015, shortly before Christmas, a letter was received by all pharmacy bodies - which completely shook community pharmacy to the core – **the government intended to cut pharmacy remuneration by over 6% and transform the service offering very quickly through technology.**

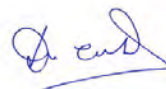
The profession mobilised like never before...an on-line petition was first to appear, as the leadership bodies aligned and everybody got angry. A paper petition that the public would sign that would be presented to the Prime-Minister – complaining about the cuts and supporting local pharmacies – appeared and huge numbers of signatures started to be obtained. Cards were produced by the NPA which were filled in and sent to MPs. Letters were written to MPs. The LPC had a communications strategy day and implemented its plan to help contractors with all of this. LPC members personally delivered “LPC” packs to every contractor encouraging them to get involved and the website, twitter-feed and news-feed was buzzing with the campaign – highlighting exactly what everybody should do to fight the cuts.

At the time of writing it's a waiting game to see if anything will change, but we're hopeful – the profession of pharmacy has too much to offer and should evolve (over-time) with investment into a new clinical service with supply at the centre...but it can't sustain cuts of this magnitude; and if implemented, community pharmacy will be wounded. It'll be unable to offer what it does now so patients will suffer...and start putting even more stress into other parts of the NHS.

Your LPC will continue to do all it can to maximise opportunities for community pharmacy in our area, and indeed within the Region, and nationally.

*Watch this space!*

Finally as I close this report for another year, I'd like to thank the members of the LPC, both elected and appointed, who have diligently represented contractors in our area and delivered so much work over the past year. In particular I'd like to single out Sami Hanna, who has gone "above and beyond" producing an enormous amount of material associated with the proposed government cuts, to help contractors, as our communications officer - and who has been a tremendous support to me personally over the past year as the LPC's vice-chair.



David Carter  
Chairman  
Gateshead & South Tyneside LPC



### **Transfer of Care - Innovation**

The Transfer of Care service was a new service aimed to ensure patients received appropriate support from their community pharmacist soon after leaving hospital. Correct completion of the PharmOutcomes template allows accurate data to be analysed by the Academic Health Science Network (AHSN) which is likely to demonstrate the significant impact community pharmacists can have to the care of this group of patients.

This service has now been rolled out across Gateshead, South Tyneside, County Durham, Cumbria, Newcastle, Teesside, Sunderland and North of Tyne. During the hospital discharge process, the patient is asked to nominate their regular pharmacy. A message is then sent to the relevant pharmacy highlighting medication changes or new medication. The Pharmacist then contacts the patient resulting in a medicine use review, new medication advice or discussions about any changes whilst in hospital. Weekly reports are generated to show the number of referrals via PharmOutcomes and the results from the patient-pharmacy interactions.

My role as Transfer of Care lead, involves meeting with various groups within the Foundation Trust, Mental Health and hospitals to discuss how the service is developing and how we can improve it. The scheme has taken a while to gain momentum and now an average of 50 discharges a week are added on to PharmOutcomes demonstrating the valuable role Pharmacy plays in patient support. Lots of examples are being collated by the AHSN demonstrating where pharmacist intervention has prevented hospital readmissions. Future development will enable a discharge letter to be added to all referrals helping support all medication changes.

# Secretary's Report

This year, as always, our LPC committee is an important leadership body which is representative and supportive to our contractor (despite some challenging circumstances). We take every opportunity to represent pharmacy in a positive light and will continue to do so throughout the ensuing year and beyond.

In November I began a period of reduced duties (due to having a baby daughter) and I would like to thank David Carter and Sami Hanna for fulfilling my commitments to external meetings and engagements.

Throughout the year I have continued to administrate the committee, organise agendas, meetings, respond to contract applications and consultations, and so forth, but not always been physically present at LPC business. The fact that the committee is well organised and we have a clear strategy has meant that the year has flowed seamlessly, with respect to LPC internal affairs.

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.

Gateshead & South Tyneside LPC is comprised of the following members;



**Table 1. Attendance of LPC members at LPC meetings**

<b>LPC member</b>	<b>Membership</b>	<b>Possible attendances</b>	<b>Actual attendances</b>
<b>Mr David Carter (Chairman)</b>	Independent elected	6	6
<b>Mrs Louise Lydon (Secretary)*</b>	Independent elected	3	3
<b>Mr Sami Hanna (Vice chairman)</b>	Independent elected	6	6
<b>Mr Jon Green (Treasurer)</b>	CCA appointed	6	5
<b>Mr Mark Burdon**</b>	Independent elected	6	4
<b>Mrs Julie Topping***</b>	Independent elected	5	5
<b>Mrs Lisa Simpson</b>	Independent elected	6	5
<b>Mrs Aina Osunkunle</b>	Independent elected	6	6
<b>Mrs Jennifer Graham</b>	CCA appointed	6	4
<b>Mr Richard Anderson</b>	CCA appointed	6	5
<b>Mrs Emma Morris</b>	CCA appointed	6	4
<b>Mr Alex Graham</b>	CCA appointed	6	5
<b>Mr Tomal Karim</b>	CCA appointed	6	5

\*Maternity leave

\*\*PSNC Northern Regional representative.

\*\*\*Elected part way through year as an independent contractor (Tracy Groves left the committee due to a change in employment status).

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. The first part of the year focused on launching the "Think Pharmacy First" scheme, initially in South Tyneside, closely followed by Gateshead. G&ST LPC lead the way regionally, developing the scheme, working closely with ST CCG and NECS. This collaborative work was recognised at the North East and Cumbria Commissioning Awards when our LPC and ST CCG won the "collaboration award".

The LPC is continuing to work closely with both Gateshead and South Tyneside CCG's to extend the Minor Ailments formulary and introduce PGD's for POM medications.

LPC officers also provided training across our area to GP admin staff and nurses, promoting the Think Pharmacy service and its benefits to their practice and patients.

A second new service was then launched, the "Transfer of Care" service, with the aim to refer patients from secondary care into community pharmacy for services such as NMS, MUR and stop smoking. Considerable work from the LPC officers ensured Gateshead and South Tyneside hospitals were engaged with the scheme, closely working with the QE and STFT pharmacists.

The LPC organised and facilitated training for both new services, inviting all contractors, pharmacist and staff to the event, which was subsequently very well attended and service uptake has been excellent.

In December the LPC focus swiftly switched to the government's announcement of "6% cuts for pharmacy remuneration".

The LPC committee and communications group, led by Sami Hanna, have worked determinedly since to keep contractors up to date and engaged with National campaigns and strategies.

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

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.

Table 2 below 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.**

<b>LPC leads</b>	<b>LPC representatives</b>
<b>Pharmacy Contract Monitoring meetings</b>	David Carter Sami Hanna (Louise Lydon)
<b>Local Representatives Committee</b>	Sami Hanna David Carter (Louise Lydon)
<b>Regional LPC</b>	David Carter Sami Hanna Jon Green (CCA rep) (Louise Lydon)
<b>South Tyneside Prescribing sub-committee</b>	Mark Burdon / David Carter
<b>Gateshead Prescribing sub-committee</b>	Tomal Karim
<b>South Tyneside Substance Misuse (First Contact Clinical)</b>	Louise Lydon

<b>Audit</b>	Lisa Simpson
<b>Working with industry - pilots</b>	Louise Lydon and various co-opted members
<b>New Pharmacy Contracts / Consultations</b>	David Carter Sami Hanna Louise Lydon Plus co-opted members (site visits)
<b>Minor Ailments working group</b>	David Carter Sami Hanna Louise Lydon
<b>Winter pressures / Urgent Care</b>	Louise Lydon David Carter Sami Hanna
<b>Smoking Services / Tobacco Alliance</b>	Louise Lydon
<b>Pharmacy Flu – service</b>	Sami Hanna Louise Lydon (deputy)
<b>EHC / Sexual Health Services</b>	David Carter Louise Lydon (deputy)
<b>Education, training and development (Events group)</b>	Louise Lydon Sami Hanna

Contractor support and engagement has continued to be a priority for the LPC through 2015/16.

The LPC officers receive 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.

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.

### **List of observers**

- Numerous local pharmacist, contractors,
- Pre-registration pharmacists and undergraduates

### **List of guest speakers**

- Catherine Armstrong, Locum and Practice Pharmacist Pharmacus
- Dr Helena Nettleton, NECS MO Pharmacist, CPPE tutor
- Wendy Surtees, Public Health, ST Council
- Janice Chandler, Public Health, ST Council
- Jo Farey, Commissioning Manager ST CCG
- Catherine Baldrige, Immediate Care Hub ST
- Mike McGuire, Darlington LPC, Leadership Training
- Stephen Blackman, North Tyne LPC, PSNE Company of scale
- Sharon Smith, Cancer Research UK
- Kin Teasdale, ST CCG, IT
- Helen Pickles, Queen Elizabeth Hospital Pharmacist
- Jo Lovingstone, Lunbeck
- Emma Gibson, Lunbeck
- Carl Bewick, MSD
- Lorna Graham, McNeill
- Kathy Carr, Bayer
- Katie Cherry, Bayer
- Paul Fairfield, AZ

**Louise Lydon**  
*Secretary*



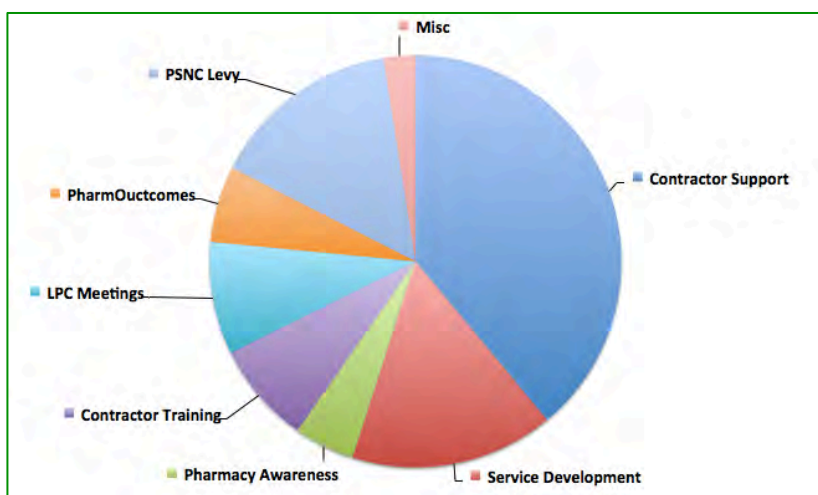
# Treasurer's Report

It's been another busy year for community pharmacy. There has been plenty of activity and hard work at the LPC on behalf of contractors.

This last year we have seen the launch new services across the area such as Transfer of Care and Minor Ailments. We were busy arranging the commissioning of a winter flu vaccination service also until the national service was announced at the last minute. Even though it was a national service, the LPC still arranged vaccination and anaphylaxis training for contractors that needed it to deliver the service.

From April 1<sup>st</sup> 2015, Gateshead and South Tyneside LPC owned the license for PharmaOutcomes that every pharmacy in the area uses for claims. We were able to do this at a reduced cost because we negotiated a deal together with the other LPC's in North East. Owning the license now gives us access to data that we are able to use to show the value of services we do.

The letter from the DoH on 17<sup>th</sup> December was a bombshell for all of us that we did not expect and produced an amazing and united response from everyone involved in community pharmacy. Before this occurred, the LPC had set ourselves a budget to manage our finances and introduced cost centers so we could see where money was being spent and that it was being spent wisely. (Indeed the graph below shows that  $\frac{3}{4}$  of the LPC money went to help contractors through service development, contract support, training and raising awareness.) We shall continue to do this to ensure that we continue to give all contractors in Gateshead & South Tyneside the best value for money that we can. Below is a pie chart showing how we spent last year.



**Jonathan Green**  
Treasurer



**Gateshead and South Tyneside Local Pharmaceutical Committee**  
**Income and Expenditure Account**  
**for the year ended 31st March 2016**

<b>Receipts</b>			
LPC Statutory Levy	179,292.36		11,705.00
Sundry Receipts	21,368.30		62,107.50
Bank Interest Received	935.33		63,520.00
Northern Rock	248.96		7,586.39
Less Tax Deducted		686.37	3,631.44
			<u>20,382.48</u>
			1,075.61
			412.68
			447.56
			16,324.32
			448.32
			660.00
			128.00
			110.03
			<u>30,078.00</u>
			35.00
	<u>201,348.03</u>		<u>219,292.32</u>
<b>Payments</b>			
LPC Attendance Allowance			30,920.01
Locum Fees			<u>28,362.33</u>
LPC Officers			
Catering and Meeting Expenses			
Travelling Costs			
Training Courses			
Stationery & Newsletter			
Photocopying			
Computer Supplies			
Telephone & Postage			
Group Flu License			
PMI Insurance			
Accountancy Charges			
Credit Card Charges			
Paypal Charges			
PSNC Levy			
Information Commissioner Fee			

**Opening Bank Balances 1st April 2015**

Barclays Bank plc	19,550.67	
General fund	<u>57,675.96</u>	77,226.63
Northern Rock plc		
		<u>£278,574.66</u>

Signed by

Jonathan P Green

*J.P. Green*

Treasurer

We have examined the above Income and Expenditure Account for the year ended 31st March 2016 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  
 Tyne and Wear, NE30 1AF

*Read, Milburn & Co*

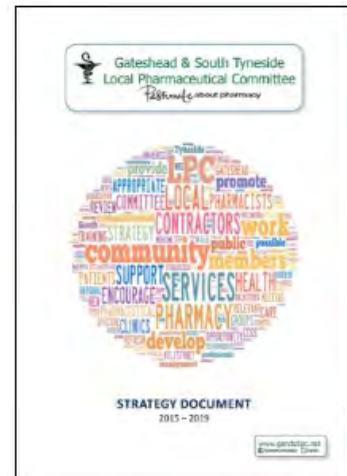
**Closing Bank Balances 31st March 2016**

Barclays Bank plc	30,920.01	
General fund	<u>28,362.33</u>	59,282.34
Northern Rock plc		
		<u>£278,574.66</u>

# Communication's Report

It never ceases to amaze me how varied the role of Communications Officer has been. Each year we set off on a predictable journey only to find that things change dramatically. The role has seen me get involved in many areas of the LPC which I have enjoyed and has helped me develop and become more effective in the role. Being a contractor myself has helped me get a handle on issues and helped me work passionately over the year. This has been needed more than ever this year.

The LPC reviewed its strategy this year and I have been integral in taking the detail of the strategy and producing a document that we are proud of. The document concisely helps us to focus on what we believe to be the most important aspects as well as covering our governance and financial positions. From this we have developed our work plans and financial systems to ensure we are on track to deliver our mission and vision. The strategy is not so rigid that it has given us the flexibility to change and adapt to the changing environment the LPC found itself in. The document can be found on the LPC website ([www.gandstlpc.net/strategy.html](http://www.gandstlpc.net/strategy.html)) and was sent out in the post to all contractors.



I was again involved in the Flu service which following several years developing locally with our colleagues in other LPC's and NHS England was now commissioned nationally. I would like to think some of our trailblazing work in the North East had a helping hand in convincing the government to take a bold step of commissioning nationally. The last minute nature of the national negotiation for the the national service

meant that we had to simultaneously work with our local colleagues to ensure we were ready with a local service if the national service was not arranged in time. We also successfully worked with new partners at the QE hospital who helped train pharmacists in our area. This is a relationship we hope will develop more in the future help our local health economy. We see many opportunities for collaborative working between a foundation trust and community pharmacy and we will explore this in the coming months and years.

Along the same lines we have been working behind the scenes with colleagues around the region to explore the formation of a provider company that could facilitate new roles and services for community pharmacy. The NHS landscape is ever changing and the ability to use a provider company to contract with other NHS bodies will help us to secure services for community pharmacy in the future.



Foundation Trusts, CCG's NHS England, Public Health, Local councils to name just a few of the people we will look to contract with in the future.



Alongside flu service The LPC successfully launched Think Pharmacy First Services across our two CCG areas and I was involved in the negotiation, design and implementation. We are proud of the service that we have got commissioned and even more proud that it is being held up as a beacon for other areas to emulate. We hope the service will continue to develop with the addition of PGD's and become a real staple in local health services. Who knows it may even help the case for a national service too.

In December (A week before Christmas) we heard the devastating news that the Government had decided to cut Pharmacy funding and was also planning some potentially catastrophic changes to the current model of community pharmacy. This took Comms and my role in a new direction.

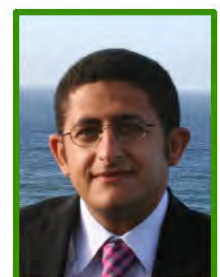


We listened to the national bodies, we listened to the government and to our local contractors and it became evident that we needed to do something. We had an extraordinary meeting of Comms and formulated a plan to help raise awareness to both contractors and the public and to support national campaigns locally. We became more political as we tried to understand the political landscape and we passionately fought the cuts.



We have replied to consultations we have responded to the national campaign. We kept contractors in the loop via a dedicated website and regular communications as well as taking the step to hand deliver campaign packs to contractors. This, at a time of real uncertainty and worry has been the most difficult time I have experienced as Communications Officer. I would like to feel that, as a contractor who would be adversely affected by the cuts I have been able to challenge my passion into the role.

The was no predictability this year and who knows what will come our way next year. I look forward to the challenge and I think the LPC, following its strategy is well placed serve contractors whatever might come.



**Sami Hanna**  
Communications Officer

# 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**



Emma Morris  
**CCA - Boots**



Tomal Karim  
**CCA - Asda**



Aina  
Osunkunle  
**Independent**



Richard Anderson  
**CCA - Co Op**



Alex Grahmal  
**CCA - Lloyds**



Jenny Graham  
**CCA - Boots**

Julie Topping  
**Independent**

(No Image at  
time of  
publication)



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](mailto: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](mailto:louise.lydon@gandstlps.net)  
Tel No: 0191 489 8053  
07977 007 152

# 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.*

## **The Seven Nolan Principles:**

### **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.