



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

# Annual Report

## 2013 - 2014

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# 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**

By 2013 Gateshead and South Tyneside Local Pharmaceutical Committee (LPC) will be a structured and efficient organisation with mutually beneficial alliances, capable members, specialist advisers and a record of achievement for all stakeholders, enabling the people of Gateshead and South Tyneside to receive the highest possible quality of pharmaceutical care from community pharmacy.

## **Mission Statement**

Over the next five years the Gateshead and South Tyneside Local Pharmaceutical Committee will increase its capability and capacity as an effective representative committee for community pharmacy and improve the range and quality of services commissioned from community pharmacy contractors by the NHS.

## **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 what a challenging year it's been for Community Pharmacy - and your Local Pharmaceutical Committee...**

When April began, it was **all change for the NHS**...the familiar structures disappeared and CCGs, Area Teams of NHS England, and the Local Authority took over.

Commissioning and management of local services changed forever – public health services from the local authority and other services from the area teams & the CCGs - although in fairness we recognise that these new bodies will take time to bed down and function as expected. The LPC has obviously been working really hard networking with the emerging entities to ensure that community pharmacy's voice is heard at every opportunity. Unfortunately it took several months for the new bodies to settle down and it was really frustrating trying to navigate to the correct person when one needed to...and contractors suffered through delays in payments for services as in many cases it was hard to direct the appropriate paperwork to the correct person during the transition.

Beginning in April, the LPC spent a lot of time attempting to negotiate a **flu vaccination service** during the year as part of a Regional team. We started early and it was agreed by all LPCs in the Northern Region that we would approach this as a Region...We finally got an agreement in September to start in October at the same time as other providers. The negotiations were tough and although the LPC was pleased with an extended service (based on previous years), we were naturally disappointed at the level of the fee set as it was less than previous. It suggests a lack of equity with other health professionals as their inoculation fee was higher for the same job. We are hopeful that a fair fee will be agreed next year. When we were ready to start, however, there was no stock of vaccine in the supply chain from many suppliers and the service began with a whimper instead of a big bang...We recorded our transactions on a PharmOutcomes platform and "in real time" we could see how we were doing! We also recorded patient satisfaction with the service and we did really well - which hopefully augers well for a future service next year!

Also in April, the **electronic prescription service** became a reality in our patch with the first prescriptions issued in South Tyneside by a surgery. Pharmacies began to receive these e-prescriptions and after a few teething problems, those that began receiving such prescriptions, amended their procedures, adapted and now ETP is a

# Chairman's Report

normal part of pharmacy practice. Other surgeries have followed suite and I guess, gradually, we are entering the brave new world of paper free prescriptions...

Conceivably the biggest issue for pharmacists in the Spring/Summer was **supply shortages**. Many common products became unavailable including Isosorbide Mononitrate. In order to meet patient needs, contractors bought product where they could at whatever price they could. Unfortunately NCSO and the price concession scheme was found to be not fit for purpose, due to the large numbers of products concerned and possible market manipulation. Many contractors lost a lot of money...dispensing at a huge loss. The most severe case the LPC encountered was Isosorbide Mononitrate purchased at £55.99, but reimbursed at a price concession at £13.10. Thankfully as we moved towards the autumn, things seemed to be settling down. Unfortunately in late October/November Gabapentin price shot up way above tariff price and contractors lost out again...a new method for dealing with such shortages cannot come too quickly for contractors.

**Direct to Pharmacy** schemes seem to be making the stock situation much worse. Quotas continued to frustrate pharmacists throughout the year and as I write this report there are approximately 45 such schemes in operation. Pharmacy staff still spend a tremendous amount of time attempting to get stock and in many cases patients are waiting much longer for their medication – completely inappropriate!

Also in October, we had to do our annual **contract monitoring**. This time we agreed with the Area Team to use a PharmOutcomes platform. Some of the questions were a bit strange, but overall the exercise was smoothly expedited by most contractors. This is indeed good news as it will be so much easier next year to simply modify the already populated fields!

In November we canvassed contractors for volunteers to help out in an emergency situation. The last time we had a pandemic flu outbreak everything happened in an ad hoc way and was a bit chaotic. For the future the area team are planning things for a possible eventuality. So, contractors were asked to express interest in becoming part of the **emergency countermeasures plan** prior to actually knowing what was involved - I'd like to thank those that volunteered! Hopefully the plan will ensure that in the event of a catastrophe – perhaps a

# Chairman's Report

nuclear accident or pandemic flu, community pharmacy will be mobilised in a sensible rational way to ensure the public get the medication they need. As winter drew on, the national **financial settlement** base on the cost of service inquiry a few years ago still wasn't settled, and that frustrated contractors. We were, however, told that "quality services" to patients and not payment for quantity of prescriptions would be the new game...Pharmacies that persist in only offering dispensing services will wither on the vine. Pharmacists are ideally placed to support patients and the public in a whole load of different ways; and in future, we hope that we will be paid for these clinical interventions...to help improve the "care" of patients.

As the year ended the LPC was finalised the process for the **LPC elections**. On our LPC we confirmed that we need to have 6 appointed company representatives (appointed via the CCA) and 7 elected representatives to mirror the contractor make-up in Gateshead and South Tyneside. We produced the paperwork, appointed a returning officer and ran the election in line with good practice in December/January. All existing LPC members were returned.

**Public health services in our patch are being reviewed** via a long term process. In February we discovered that the NHS Healthchecks scheme was being re-commissioned for the following year in Gateshead from only a few pharmacies. The annual running costs for the service exceed £1000 per outlet, so, I guess it's not surprising that contractors who provided no service or very little were not re-commissioned! As I said above, quality is the name of the game now; and it's so important to deliver quality outcomes when you are commissioned. Further services will be re-organised in the future, and the writing is on the wall for contractors who fail to deliver...

The LPC has put on a lot of **events** this year to help prepare Contractors for change; as well as educational events to help with enhanced services. The Communications team have been using sophisticated software to help keep records of attendance and to facilitate bookings. Some of the events have been in conjunction with neighbouring LPCs and some have been bespoke for a given area. Examples include: flu service training, methadone updates, call to action event, drug tariff, and new GPhC inspection process.

# Chairman's Report

Perhaps the most important happening this year was the “**call to action**” This was a Government initiative to try and explore from stakeholders where community pharmacy should be positioned in 5-10 year. Ever since I've been a community pharmacist, I've been told by my peers that “**we're at a crossroads**” - well perhaps the profession really is now... so the discussion was all about engaging and transforming into a patient care focussed profession, with more emphasis on “care” and less on supply.

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 officers of the committee: 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 around the Region.

The Community Pharmacy contract will evolve over time to enable pharmacies to offer more quality clinical services and **care to patients**. Commissioning opportunities will present as the NHS evolves locally and nationally. Community pharmacy will be commissioned to provide the much needed local services that we all want to offer, to improve the health of patients, prevent hospital admissions and provide cost savings to the NHS. Your LPC will do its utmost to secure a viable future for community pharmacy in Gateshead & South Tyneside. Please ensure that you're receiving the news feed from the LPC – 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**  
**Chairman**  
**Gateshead & South Tyneside LPC**



# Secretary's Report

2013-14 was yet again another challenging year for community pharmacy and the LPC. A new NHS structure, commissioning by Local Authorities, medicine shortages, quotas, NCSO's and price concessions are but a few of the issues encountered and which we continue to face. On each of these fronts we as a committee have endeavoured to provide robust leadership and representation for contractors.

Personally, I have thoroughly enjoyed another year as secretary and administrator for the committee and the opportunity this affords to champion the key role Pharmacy has to play within the new NHS landscape. 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 following members;***

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	6
Mr Mark Burdon	Independent elected	6	4
Mrs Tracy Groves	Independent elected	6	5
Mrs Denise Laidlaw	CCA appointed	4	2
Mrs Lisa Simpson	Independent elected	6	6
Mrs Aina Osunkunle	Independent elected	6	6
Mrs Jennifer Graham	CCA appointed	6	5
Mr Richard Anderson	CCA appointed	6	6
Mrs Emma Morris	CCA appointed	6	6
Mr Alex Graham	CCA appointed	6	5
Mr Tomal Karim	CCA appointed	2	2



# Secretary's Report

The LPC elections took place this year and resulted in 6 CCA appointed members and 7 elected independent-pharmacy members. Mr Greg Burke, as returning officer, administrated 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

Mrs Denise Laidlaw resigned from the committee and we'd all like to thank her for her long standing LPC membership, leading on many work streams, providing valuable contributions during her tenure. We wish her all the very best for the future. In her place Mr Tomal Karim was appointed to the CCA vacancy.

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. The availability of guests has continued to increase since the shift to business hours and the LPC has engaged extensively with Public Health and the CCG's during these working meetings, hosting workshops and open invitations to attend LPC meetings.

The sub-group format has remained in place and allows specific focus on those areas identified by the committee as being integral to the interests of contractors. These sub-groups have an appointed chair responsible for feeding back to the committee with progress and proposed actions as a result of their work. The format remains a success and collectively the sub-groups have achieved a great deal this year.

# Secretary's Report

Table 2 below identifies committee representation on the various strategic working groups. The strong links the LPC have built up with our Public Health colleagues over the years have proved vital during their shift into Local Authorities.

**Table 2. LPC representation on strategic groups**

LPC Leads	LPC Representatives
CNTW/DDT Local Liaison Group (contract monitoring meeting)	David Carter, Louise Lydon Sami Hanna (deputy)
Local Representatives Committee	Louise Lydon, Sami Hanna David Carter
Regional LPC	David Carter, Louise Lydon Sami Hanna (deputy), Jon Green (CCA rep)
South Tyneside Prescribing sub-committee	Mark Burdon, David Carter
Gateshead Prescribing sub-committee	Lisa Simpson
South Tyneside Shared Care Monitoring group	Mark Burdon, David Carter
Gateshead Shared – Care DAT	Tracy Groves
Drug related deaths (local intelligence)	David Carter
CNTW/DDT Local Pharmacy Network	David Carter
Audit	Lisa Simpson
New Pharmacy Contracts (site visits)	David Carter, Sami Hanna Louise Lydon
CNTW/DDT countermeasures group	Mark Burdon, David Carter
NHS Health checks (no meetings)	Louise Lydon
Smoking Services	Louise Lydon
Healthy Living Pharmacies (no meetings)	Louise Lydon, Jenny Graham
Pharmacy 'Flu Service	Sami Hanna, Louise Lydon (deputy)
EHC / Sexual Health Services	Louise Lydon, David Carter (deputy)
Education, training and development (Events group)	Louise Lydon, Sami Hanna

# Secretary's Report

G&ST LPC have continued to work with Sunderland LPC and the twice-yearly joint meetings are a great opportunity to pool resources and work collaboratively to good effect. Joint working includes educational updates and training sessions, communication bulletins and updates, joint responses to consultations and engagement.

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 not forgotten within the new NHS and Local Authority structures. This task has been difficult at times but the LPC have been persistent and managed to work with all commissioners, facilitating workshops and engagement events. It quickly became apparent that pharmacy is quite often the 'forgotten profession', but the consistent message delivered (at every appropriate opportunity) is what community pharmacy 'can do' and does do every single day.

Pharmabase, as the platform for payment of some enhanced services, continues to be popular with contractors, at least anecdotally. Unfortunately, with the new commissioning structures, payment for many pharmacy services became delayed and repeated representations were made by the LPC to remedy this situation and to obtain timely reimbursement.

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

As a committee we have delivered extensive training sessions, workshops and engagement events to our contractors and their workforces during 2013-14. These have evaluated very well (see LPC news for details and testimonials) and attendance has been excellent. Please contact the LPC if you have any specific training requests and we will try to accommodate in the coming year's training calendar.

LPC members have been present at numerous meetings and events (with organisations including the Local Authority, Clinical Commissioning Groups, Secondary Care, Primary Care, NECS) during the course of the year. We have used these opportunities to network with our colleagues across the health and social care community and champion the cause of Pharmacy. We take every opportunity to represent pharmacy in a positive light and will continue to do so throughout the ensuing year and beyond.

# Secretary's Report

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

- Catherine Armstrong (Locum and Practice Pharmacist)
- Numerous Pre-registration pharmacists and undergraduates

## List of guest speakers

- **Graeme Richardson**, Chief Pharmacist, South Tyneside Hospital
- **Amanda Heley**, Director of Public Health, South Tyneside
- **Carole Wood**, Director of Public Health, Gateshead
- **Jeanette Stephenson**, Head of Medicines Management, NECS
- **Cath McClland**, Medicines Management
- **Wendy Surtees**, Public Health
- **Gill McGill**, Public Health
- **Cath Scott**, Public Health
- **Mark Joyce**, First Contact Clinical
- **Emma Roycroft**, Public Health
- **Sandy Hall**, Teeside LPC
- **Debie Kelechi**, Gateshead Carers
- **Serena Bowens**, Telehealth
- **Andy & Dan**, Alcoholics Anonymous
- **Helen Fisher**, Positive Solutions

Martin Jones, Positive Solutions

Emma Bryclend, Ferring

Suzanne Jones, TEVA

**Louise Lydon**  
Secretary



# Treasurer's Report

It's been yet another difficult twelve months for community pharmacy with stock shortages and price concessions. The LPC has been working as hard and as efficiently as possible to not only minimise it's costs but to also secure additional income for all contractors. We have all been working hard with both the CCG's and Councils and Area Team to establish good working relationships and obtain money for enhanced services. To keep meeting costs down we have invited Industry sponsorship of LPC meetings whilst continuing to work hard with the CCG's, Area Team, Public Health and organising events for Contractors. Our daytime meetings, although more expensive have allowed us to meet with directors from the CCG and Public Health who now regularly attend.

One of the events that we organised was Influenza training. For this we again, worked with Novartis to provide injection technique and CPR training for pharmacists. This year we also had a cheaper option of only web based training for pharmacist's that qualified for it.

The LPC is proud to say that we commissioned fourteen events in the past year which included Drug Tariff Training in which we employed an excellent speaker from the NPA and the evening following we had also the Call to Action which provided us with much food for thought. Over 600 pharmacist's attended these events, please see middle pages for details.

I'm pleased to say that the LPC accounts are stable and as Treasurer you can rest assured the LPC tries it's utmost to keep costs down for contractors.

**Jonathan Green**  
Treasurer



# Annual Accounts

## Gateshead and South Tyneside Local Pharmaceutical Committee Income and Expenditure Account for the year ended 31st March 2014

<b>Receipts</b>		<b>Payments</b>	
LPC Statutory Levy	179,292.14	LPC Attendance Allowance	9,040.00
Sundry Receipts	20,180.40	Locum Fees	61,906.23
Bank Interest Received		LPC Officers	57,020.00
Northern Rock	1,183.70	Catering and Meeting Expenses	7,652.59
Less Tax Deducted	<u>236.74</u>	Travelling Costs	4,312.93
		Training Courses	20,526.71
		Stationery & Newsletter	678.93
		Photocopying	438.10
		Computer Supplies	182.21
		Telephone & Postage	248.90
		PMI Insurance	407.77
		Accountancy Charges	594.00
		Credit Card Charges	128.00
		PSNC Levy	28,475.79
		Information Commissioner Fee	35.00
	<u>200,419.50</u>		<u>191,627.16</u>
<b>Opening Bank Balances 1st April 2013</b>		<b>Closing Bank Balances 31st March 2014</b>	
Barclays Bank plc	28,256.70	Barclays Bank plc	36,102.08
General fund	<u>55,733.10</u>	General fund	56,680.06
Northern Rock plc	83,989.80	Northern Rock plc	92,782.14
			<u><u>£284,409.30</u></u>

Signed by

Jonathan P Green



Treasurer

We have examined the above Income and Expenditure Account for the year ended 31st March 2014 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

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Dated 15th July 2014

# Communications Report

This year has seen the communications role become ever more important as we communicate with new organisations and ensure the pharmacy message gets out there.

Our Website has become the lynchpin of all our communications has proved to be a success with contractors visiting it regularly to obtain information and resources. It has become a valuable resource for Gateshead & South Tyneside contractors.

The site has constantly refreshed with news as well as interesting blogs, events bookings and videos.

This year has been an extraordinary year for events. The LPC have put on a lot of events on for the benefit of contractors this year and every step of the way the communications role has been integral in setting up promoting and booking.

The LPC now has an extensive distribution list of contractors and pharmacy stakeholders who receive the LPC News via email. This list is constantly growing which has demonstrated the hunger for information. We have worked with other organisations to ensure that relevant messages are sent out to pharmacies. We undertook an audit of our distribution list to ensure that we cover every contractor.

We now regularly update twitter and facebook pages alongside our website and our social followers is increasing slowly. In particular we are proud to produce content for twitter rather than re-tweeting other organisations information.

Comms has been heavily involved in LFu last year establishing a dedicated website for flu information as well as organising training and supplying resources. This was used by other LPC's in the region and is now grown to be used further this year..

Personally through the exec I have had the opportunity to contribute a comms view on many areas of the the LPC work and the role has grown at such a fast pace I look forward to seeing where it goes next. I would perhaps like to see it get involved in getting a full minor ailments system across the patch, making referrals at ccgs and a refresh of the webpage amongst others

**Sami Hanna**  
Communications Officer



# Events

The LPC organised in several events for Pharmacists and their staff. It became apparent that there was a real hunger for quality pharmacy events and the LPC is committed to sourcing useful events and training for Pharmacist and their staff.





# Engagement

The LPC Has started to make good strong links with the new organisations within the new Health and Social Care structure. By engaging with these organisations we hope to position community pharmacy within the structure .



# Subgroups

## **Shared Care Monitoring Group**

Tracy Groves is the Gateshead and South Tyneside LPC's representative, the group meets on quarterly basis with the aim to monitor shared care services for substance misuse in Gateshead. It has representatives including the head of services, clinical leads, a GP a commissioner from public health and others. The group tries to ensure an excellent service is provided to all patients and support is given to those delivering that service. Community pharmacists are considered an integral part of that team and the group is always interested in suggestions from pharmacists. Pharmacy representation on the group embeds our representatives as part of the shared care team and the contract for supervised consumption and needle exchange is seen as an essential part of the service. The group is usually the starting point for topics for the successful shared care pharmacy meetings and feedback is always requested on the successes of any meetings held.

## **Joint Execs**

As Gateshead CCG and 2 CCGs in Newcastle are merging we have started working with North of Tyne LPC. In order to facilitate joint working we have now started to have joint execs with them to discuss and work on mutual issues.

## **Countermeasure Sub Group**

This regional group was formed to ensure that pharmacy would be involved in after care following a catastrophic event or an outbreak of disease. The group meets occasionally to make plans for all eventualities. We attend to represent our local area.

## **Local Liaison Meeting**

This regional group has replaced the contract local contract monitoring groups and is chaired by the area team. The LPC attend to represent our local contractors.

## **Public Health**

The LPC meets up regularly with representatives of both public health teams; both at lpc meetings and ad hoc outside of these meetings to explore pharmacy engagement in the public health arena in Gateshead and south Tyneside.

# Subgroups

## **Gateshead Medicines Management Committee**

The Gateshead Medicines Management Committee is the recognized decision-making body for all aspects of medicines management across primary and secondary care within Gateshead, with delegated powers from both Gateshead CCG and Gateshead Health NHS Foundation Trust.

It reports to NHS Gateshead Clinical Commissioning Group and Gateshead Health NHS Foundation Trust Business Services Development Committee.

The aim of the committee is to work collaboratively across primary and secondary care to ensure the optimum use of evidence-based cost-effective medicines management within Gateshead.

## **Gateshead CCG Strategic Group.**

The basis of this group is to map out a communications strategy for Gateshead CCG including all stakeholders.

## **LPC Community Pharmacy Audit 2013/14**

The LPC decided that the basis of this year's audit would be the Flu Service Patient Questionnaire Forms. 30 pharmacies took part in the audit which was conducted using Pharmaoutcomes.

1317 patient questionnaires were audited and the results were overwhelmingly supportive of the Pharmacy Flu Service. 100% of patients said that they would use the Pharmacy service again.

Audit Lead Lisa Simpson

## **General Area Team CCG Meetings**

The LPC sit on a number of meetings organised by area teams, ccg's and public health depts. to represent community pharmacy contractors some of which are reported don below.

# Subgroups

## Communications Subgroup

The communications team meet regularly and produce much of the LPC's communications material. We run the subgroup as a joint group with Sunderland LPC is made up of members of both LPC's. We welcome any news from local pharmacies. Any out out from the LPC is communicated primarily through this subgroup. Including LPC News Reports, Events Materials and marketing., Annual Reports, and any other publications. It is chaired by the Communication officer.

## Local Representatives Committee (LRC)

This is a quarterly meeting between all of the local representative bodies ( LPC, LMC,LDC and the LOC) in South of Tyne and Wear. The meeting is chaired by Ken Megson, Secretary of G&ST LMC. Our LPC is represented by the Chairman and either the Secretary, or Vice-Chairman. All representative bodies are able to put forward agenda items. The issues discussed over the past year have included: The changes to the NHS, engagement with the emerging authorities, ETP and Enhanced Services and many others.

It's a useful forum for collaborative discussion between professions and for networking. It is hoped that this committee will enable a regular dialogue with CCG chairs moving forward as all CCG chairs in South of Tyne and Wear have a standing invitation.

## Regional LPC

This is a meeting of all the local LPC committees in our Region. It is chaired by Mark Burdon our PSNC representative. The meetings are quarterly and are usually attended by the Chairman, Secretary and Vice-Chairman. Our Treasurer, Jonathan Green also attends as an official Company Chemist Representative and is the Treasurer of the Regional Committee.

This committee gives a great opportunity for collaborative discussion on issues of mutual interest to all LPCs in the area. This ensures, where appropriate, that we can operate at a Regional level to reduce costs, share best practice, and provide expertise. Also, on occasion, the Region speaking on one message provides a stronger voice to contractors.

# 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 Grahmal  
**CCA - Lloyds**



Jenny Graham  
**CCA - Boots**



Emma Green  
**CCA - Boots**



Mark Burdon  
Committee Member & PSNC Rep  
**Independent**

# Enquires

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: 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

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Tel No: 07977 007 152

# Appendix - 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.

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