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| --- | --- | --- | --- | --- | --- |
| **Name:** |  | | | **Date:** |  |
| **PCN name:** |  | | | | |
| **Meeting:** |  | | | | |
| **Venue:** |  | | | | |
| **Key attendees at the meeting:** | | | | | |
| **Topics discussed:**  Provide a summary of the meeting content | | | | | |
| **Success / items progressed:**  This is to be used as learning going forward and to share with other areas | | | | | |
| **Barriers identified / items causing issues:**  This is to be used as learning going forward and to highlight any areas for support | | | | | |
| **Feedback for pharmacy teams within the locality/area:**  Feedback will be sent to the relevant pharmacies by [insert LPC name] | | | | | |
| **Other comments / items or information of note:**  Please include any ideas for future integration not captured above | | | | | |
| **Support / information required from [insert LPC name]:**  Please let the LPC know of any support needed.   [Examples include producing a paper / proposal for the PCN, supporting you as an individual in the role of representing community pharmacy, data / information in relation to specific pharmacy services] | | | | | |
| **Action and next steps** | | **Who** | **When** | **Completed** | |
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| **Meeting attendance claimed:** | | Y / N £ for hours  Paid at £**xxx** per hour capped to a **xxx** hour meeting  [A separate expenses claim form should be completed] | | | |

Submit completed forms to [insert email address]