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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 hoursPaid 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]