

Minutes of the meeting of the English Pharmacy Board - Open business

Minutes of the meeting held at 9.00am on 31st January 2019 in the Events Space, 4th floor, at the Royal Pharmaceutical Society, 66 East Smithfield, London E1W 1AW

Present

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| Sandra Gidley (Chair)  Clair Anderson | Sibby Buckle (Vice Chair)  Martin Astbury |
| Nadia Bukhari  David Carter  Thorrun Govind  Mahendra Patel | Elizabeth Butterfield  Aamer Safdar  Tracey Thornley  Ash Soni |
| **Guests**  Sue Kilby  Cathy Cooke  Fatema Mamdani  Abigayle Meikle-Roche  Priya Modha  Rahul Singal  Sally Sosnicka  Martin Wessels  Aditya Aggarwal  Catherine Renaud  **In Attendance**  Paul Bennett  Robbie Turner  Ravi Sharma  Harvey Sondh  Gail Fleming  Gino Martini  Beth Ward  Chris John  Wing Tang  Neal Patel  Melissa Dear  Heidi Wright  John Lunny  Jonathan Bisby  Gareth Kitson  Adele Mott  Nicola Gray  Amandeep Doll  Hanna Jenvey  Corrinne Burns  Yvonne Dennington  **Apologies**  Hemant Patel | Chair, Industrial Pharmacists’ Forum  RPS Great Western  RPS Ambassador  RPS Ambassador  NICE Clinical Fellow  Hospital Expert Advisory Group  BPSA, European Officer  RPS Sussex  Member  RPS Thames Valley  Chief Executive  Director for Pharmacy and Member Experience  Director for England  Director of Innovation and Enterprise  Director for Education  Chief Scientist  Head of Faculty and Foundation  Workforce development lead  Head of Professional Standards  Head of Corporate Communications  Campaigns and Corp Comms Manager  Practice and Policy Lead  Public Affairs manager  Public Affairs executive  Professional Development and Engagement Lead  RPS Clinical Fellow  Regional Liaison Pharmacist  Regional Liaison Pharmacist  Events and Sponsorship Manager  Pharmaceutical Journal, RPS correspondent  Business Manager, England |

19/10 Welcome and Introductions

The Chair welcomed EPB members and staff to the meeting and asked all present to introduce themselves. She invited visiting members to contribute to the discussion if they wished. Tweeting from the meeting is permissible and encouraged.

The Chair said that there was to be an announcement regarding the GP contract and she would give further details later in the meeting. She said that she had an advanced briefing the previous evening from Keith Ridge and Ed Waller. The document would be released at 1pm today and was embargoed until then.

**19/11 Apologies**

Hemant Patel gave his apologies.

**19/12 Declaration of Interests**

**The English Pharmacy Board noted** paper 19.01/EPB.03. Board members were reminded to send in any amendments to their declarations to Yvonne Dennington and were also asked to state, in the interests of best practice, any declared interest at the start of the discussion to which it relates.

Tracey Thornley has already informed Yvonne of a small amendment to her interestsand an update was received from Nadia Bukhari.

**19/13 Minutes of the meeting held on 4th October 2018**

The minutes of the meeting held on 4th October 2018 circulated as 19.01/EPB.04 were agreed as an accurate record of proceedings.

**19/14 Matters arising not specifically included on the Open Business Agenda**

**18/118 –** Rahul Singal was representing the HEAG at this meeting.

**19/15 Elections Information for 2019**

The English Pharmacy Board noted paper 19.01/EPB.06.

Social Media

Further guidance has been developed and signed off by the CEO and will form part of the pack of information for candidates and will also be a stand alone piece on the elections page on the website. This guidance will demonstrate to members and candidates that lessons have been learned. Twitter cards will also be used to reaffirm behaviour around social media. Members also need to be aware of the guidance too as it is not only for candidates.

Paul Bennett added that it is unreasonable for the RPS to be expected to police Twitter. Various actions are highlighted in the guidance including the use of the code of conduct for members and governance members.

Hustings

It was suggested by a visitor that the hustings be held as a live debate as it has been proven in relation to national elections that this gets greater engagement. The Telegram hustings last year had been hard to follow. The Chair replied that on line forums had been held for hustings in the past but take up had been poor and another year a webinar had been held but the timing of this was wrong and again attendance was poor. It was suggested that if we had hustings by webinar again the timing should be more appropriate and that separate hustings be held for England, Scotland and Wales.

It was suggested that a fact sheet be pepared for potential board members saying what is in their remit and what isn’t.

The Chair thanked board members and guests for their active discussion.

**19/16 Public Affairs and Policy Statements**

The English Pharmacy Board **noted** paper 19.01/EPB.07.

Heidi Wright introduced the paper saying that this policy was taken from a consultation response to the GPhC consultation which was signed off by all three boards.

A second draft was presented to the Boards in October where further amends were suggested and there is still some clarification sought in five areas of the policy highlighted in yellow.

Responses from Scotland and Wales are currently being collated following their board days. Robbie Turner gave a short overview of the decisions to be confirmed by the countries directly.

1st para highlighted – after much discussion it was agreed the wording should stay.

2nd para highlighted – remove the words “this is in line ….in all cases”

3rd para highlighted – remove the last sentence

4th para highlighted – it was suggest removing the words “however” and “could also occur in a face to face consultation and this”

5th para highlighted – there was some discussion around the signature being mandatory and not best practice. This is still in the interim community standards. This must be kept in the new professional standards for community pharmacy services. Agreed to use the wording from existing standards.

Action: The policy will be amended and wordsmithed in accordance with the new RPS tone of voice and recirculated to cboard chairs for sign off.

**19/17 GP contract announcement**

The Chair said that the press release has now gone live. The announcement referred to funding for primary care networks and expanding the healthcare professionals workforce by 20 000 to work in these networks including pharmacists. Funding for the additional pharmacists in GP practices will be 70% backfilled with no tapering of funding. There will be a state backed indemnity scheme for these healthcare professionals. This is good news and will help pharmacy to work across these primary care networks. Currently working with the Education team on a workforce plan to ensure there is a good supply of pharmacists to fill these posts.

We will be responding saying this is good news for the profession, showing direction of travel, using pharmacists for their clinical skills and keeping patients safe from medicines harm.

The RPS will be meeting with NHS England to discuss time lines and support for implementation.

This announcement has come at the same time as the launch of the RPS Polypharmacy guidance. Ash said he had a number of media interviews set up around this.

Heidi Wright also highlighted the Personalised care action plan and how this would apply to pharmacy too. Work will need to be done on implementation.

**Action: RPS to meet with NHS England to dsicuss timelines and support for implementation of GP contract**

**19/18 Updates from Team England**

The English Pharmacy Board **noted** the update papers 19.01/EPB.08 (i) – (viii).

1. Local Engagement – noted.
2. Public Affairs – noted.
3. Policy and Consultations – noted
4. Digital (IM&T) – noted.
5. Medicines Optimisation – noted. Update on RMOC –.these have been circulated separately in advance of the meeting.
6. Pharmacy Public Health Forum – Ravi Sharma attended a meeting in his first week at the RPS. The meeting was high level with Ed Waller present. The forum is looking at AMR, CVD and Mental Health. Ravi reported back on the work the RPS has been doing on CVD and the role pharmacy can play in early detection.
7. FMD –Paul Bennett gave a short verbal update. FMD is due to go live on 9th Feb – many organisations have put arrangements in place but have not completed contractual arrangements due to the uncertainty around Brexit. Concerns have been expressed about the great expenses incurred in order to comply with FMD which may be short lived if there is a hard Brexit. It may be that the requirement is only for 40 days.

Paul asked whether or not the RPS should put a call out for a delay to the implementation date. In view of the recent announcement that GPhC will be the regulator of this on behalf of MHRA and have confirmed they will take a pragmatic approach to enforcement this may not be necessary.

There was some discussion around the suggestion that the RPS could give reassurance to our members that the responsible pharmacist would not be responsible for non compliance, the responsibility would lie with the owner.

From the discussion it was agreed that Paul Bennett and Ash Soni would lead on this issue and deal with any issues that may arise.

It was also agreed to put a suitable form of words on the RPS FMD hub page seeking to reassure members of the GPhC’s pragmatic approach. Rahul Singal agreed that some form of message to members would be helpful and he offered to assist with some of the issues and position affecting hospital pharmacists.

**Action: RT to find a form of words from the GPhC website to put on the FMD page to explain to members about this interim period**

1. System Leadership - noted

**19/19 Education Directorate**

Gail Fleming gave this update with members of her team, Beth Ward and Chris John.

**Action: Gail asked for her presentation to be circulated**.

Education Govenance Oversight Board

This board has now met and will be looking at:-

* Foundation training – frameworks and standards – currently working to pull a plan together across England, Scotland, Wales and Northern Ireland
* Consultant Pharmacists

GPhC consultation on the initial education and training standards for pharmacists is now live – it is proposing to integrate academic study and workplace experience, so that student pharmacists are adequately prepared for future roles.taking a more rigorous and structured approach to learning in practice.

The team aims to take a flavour of the responses to the Assembly in March before submitting a final RPS response to the GPhC.

Gail emphasised the importance of submitting responses to this consultantion both inidividually and as organisations.

Education Plans – The Education team is small and spread thin, is very focused on collaborative working and focusing on priorities. The will be delivering the priorities in partnerships as cannot work in isolation. Some of the priorities are:-

* Pre foundation – mentoring (launching a pilot soon) careers development
* Foundation – working with partners on framework and assessment
* Advanced practitioner/consultant – credentially, reviewing faculty
* Education solutions – partnering – transition programme – training programmes
* Workforce policy – working with country teams

Faculty Review – Chris John

Current faculty membership is a driver for review along with 5 year reassessment now falling due. The review will be looking at making faculty membership more accessible and annualised. The project is being carried out with faculty members in a project management process. We aim to clarify the purpose of the faculty, assessing how it helps, reviewing existing processes, review costing model and then to make recommendations for a future model. A task and finish group is to be set up.

Health Education England – Antimicrobial Resistance – Beth Ward

RPS submitted a bid to HEE innovation fund in November 2018 to deliver AMR training and will now be taking a lead on a pilot providing Education and Training for 30 pharmacists in London and the South East. The pilot is open to post foundation pharmacists who have AMR as part of their job descriptions. HEE are keen to see what can be achieved and hope to role this out wider.

It was suggested that pharmacists working in care homes should get involved in this pilot.

**19/20 English Pharmacy Board Work Programme of Work/ Campaigns current and for for 2019**

At the start of this session Paul Bennett introduced a video which had primarily been developed for the staff conference to celebrate the success of the organisation over 2018 but thought it was pertinent to play at the English Pharmacy Board meeting too. He said although it demonstrates the depth and breadth of the work at the RPS there is still much to do this year and beyond.

Ravi Sharma presented the approach to project delivery for 2019 and beyond for Team England. He explained the project methodology that will be used to plan for the priorities for 2019 and said the majority of this session would be in workshop mode focusing on the following topics:-

* 1. Diabetes
  2. System Leadership
  3. Mental Health

The group split into 3 groups and flip chart notes were collated from each group which Ravi will be reviewing and will feed into operationalising the delivery plan for 2019.

The board discussed the process and liked the benefit realisation element of the project, this helped with reporting on outcome and impact.

Designated Prescribing Practitioners

Adele Mott gave an update on this work to date:-

* GPhC and NMC approved regulatory changes to allow experienced non-medical prescribers to carry out practice supervisor (current DMP) role
* HCPC consulting on same regulatory changes
* Opportunity to increase access to independent prescribing for wider pharmacy workforce
* Must recognise importance of continuing multi-disciplinary aspect of training prescribers

Currently a framework is being developed, following the NICE process.

There was some discussion about linking this work with the prescribing framework. Currently GPhC have not recognised the prescribing framework, this could be an opportunity to leverage that support and adopt into practice. This warranted further discussion at another meeting.

Rahul Singal offer the help of the HEAG to support the consultation process.

**Action 1: Adele suggested having further discussions on the framework when the work was more advanced.**

**Action 2: Presentation slides and DPP slides to be circulated**

**19/21 Pharmacy and Member Experience: Professional Standards and Support – Professional Standards for Community Pharmacy Services**

Wing Tang gave a short verbal update:-

* 3 months into the project – at scoping and engagement phase
* Launch events taken place in England and Scotland – well attended – good engagement – many questions and suggestions – scoping exercise -
* Cardiff event taking place on 7th Feb
* RPS Invited to attend AIMp annual conference and superintendents of multiple community pharmacies meeting to speak about the standards
* NICE process – proven model of engagement – to get as many people involved as possible.
* Feedback has been to keep as simple as possible, easy to read and easy to implement. Do not overcomplicate. Fits with RPS tone of voice. Future proof. Leadership and soft skills should be included.
* GPhC supportive of the work
* Delivery services will be in scope
* Literature review has been completed by Sally Williams – Kings Fund – includes over 200 references.

**Action: share literature review report with Board when final – WT**

* Steering group 1st meeting – 13 March – composition been adjusted to take on board suggestions – comprises 24 people
* External reference group to include all those who have attended the launches
* Out to consultation in September
* Publishing standards – March 2020
* All subject to review if necessary

Discussion continued after the update. Internal communication should improve as the Board were unaware there would be a workshop at the launch. The standards are aligned to the GPhC premises standards – endeavoured to be inclusive of all settings. The standards may look similar to the existing RPS Hospital Standards. It was highlighted that there are separate standards in existence for home care. It was suggested that the steering group includes a pharmacist who works in a community setting within a hospital and has already implemented the hospital standards.

**19/22 English Pharmacy Board Communications Plan**

The English Pharmacy Board received an update from Neal Patel.He said that the

RPS is taking a different approach to comms, the organisation was becoming more data led. He demonstrated this with a couple of slides showing the type of data collected and upon which decisions were being taken, listening to what members want. Website traffic has increased since the new website was launched, but there is still more to do. Broadly speaking people like the new website. MEP remains in the top 10 of hits and recently FMD has had a lot of hits. CPD and POM to P switches are also popular. The prescribing competency framework also gets lots of hits, it is free to members and non members and we have seen a lot of recent traffic from nurses.

Regarding social media we are investing in Instagram along with facebook and Twitter – each attract different audiences. Email remains important. It is important to remain relevant.

Neal said it is now possible to map data by geography, which helps understand whether local interaction makes a difference. Catherine Renaud was very interested in this from a local engagement perspective and events marketing.

Neal said there was more to be done with the website in relation to being thematic – rather than guidance, events etc standing alone and not being linked up.

There was some conversation around the importance of protecting the RPS IP. Currently considering registered user access to the website.

**Action 1: NP undertook to look into understanding events marketing locally**

**and will get back to Catherine Renaud**

**Action 2: circulate slides**

**19/23 RPS Tone of Voice**

Neal Patel gave a presentation on the new tone of voice for the RPS, demonstrating the changes that can be made to writing in a different style, that is easier to understand and gets to the point more easily. The new tone of voice is about the way we all speak and communicate with members. Always think about the audience first, take time to edit what you are saying, and refrain from using jargon, be active not passive.

Discussion followed with suggestions that a fact sheet could be produced and some points also included into the social media policy.

The new style was used recently in the renewal campaign, feedback was that it was received well by members.

Discussion continued around changing the name of the RPS, currently there are no plans do this this and it was out of scope of the Branding project.

**Action: circulate presentation**

**19/24 Science Update**

The English Pharmacy Board noted paper 19.01/EPB.14

Gino Martini gave a short update which highlighted:-

* The current team combining Science and Research into a new directorate, reporting into the CEO – demonstrates how the RPS values Science and Research
* Winter Summit – 8th February – numbers have now reach 139 with an additional 10 from UCL and 15 from Kings – hoping to reach the target of 180
* Summit is well timed in the current market of FMD, Brexit, Long Term Plan and GP contract.
* There has been sponsorship of £6000 - £3500 of this was secured by Mahendra Patel from 2 pharma companies.
* The team responds to many media enquiries including medicines safety, sun screen, vaccines etc.
* Exciting developments by pharmacists in hospitals include CatT cell therapy
* Working closely with hospitals to upskill QPs
* Currently working on cannabis oil prescribing and illegal highs
* A working group is to be set up looking at the evidence on e cigarettes
* Concerns raised regarding the lack of pharmacy research opportunities
* Concerns raised that the new direction of travel re diagnostics, artificial intelligence etc is being fed into the MPharm course – it is happening at some universities but it is variable across the country.
* Research ready – 2 independent reports have been commissioned – will report back to EPB in due course

**Action: Report back to EPB on research ready.**

The Chair thanked Gino for his update and wished him well for the Summit.

**19/24 RPS Conference**

Hanna Jenvey gave a short verbal update on plans for the RPS conference 2019.

A steering group has been formed from elected members to build the content for the conference.

There are 5 key areas for consideration:-

1. Intergration – across pharmacy and looking at the wider healthcare market in the future
2. Celebration of pharmacy – recognition opportunities/patient stories
3. Attracting a younger cohort of the profession – nurture now
4. Clear purpose on content
5. Sustainability in the longer term

We will be building on the success of the Welsh Medicines Saftey Conference which has been growing in reputation for the past 8 years.

We intend having a one day conference with fantastic content and not too many parallel sessions.

Ideas for content include:-

1. Medicines safety related topics – polypharmacy/AMR/
2. Leaders in medincines safety – best practice examples
3. Policy work
4. Our profession – looking after them – keeping them safe – personal resilience – own mental health – stress management – personal development
5. Softer skills – writing CVs/interview skills
6. Recognition opportunities/ networking opportunities

The next meeting of the steering group is scheduled for February.

**Action: Send suggestions of content for the conference to Claire Anderson as soon as possible and before the meeting in February**.

**19/25 Brexit Update**

John Lunny gave a short update on Brexit.

A huge amount has happened since the last meeting:-

* RPS Round table with Lord O’Shaugnessy and other stakeholders – talking about medicines substitutions and shortages
* Planning for medicines shortages
* Ongoing conversation with DH on meds shortages and serious shortage protocols
* Ongoing conversations with the other pharmacy bodies – regular meetings re the impact on pharmacies
* Bruce Warner – DH lead on planning for Brexit
* Active discussions with DH on how protocols will work in practice
* Jill Loader is leading on operational guidance – we have assurance that the RPS will be involved in this work
* The serious shortage protocol will be based on the learnings from the Epipen shortages
* DH are leading on the legislative changes required to the Human Medicines Act 2012
* Instigation of the serious shortage protocol will be by ministerial approval
* Controlled medicines will not be part of the protocol and the protocol will have little relevance in secondary care

Regarding informing members John Lunny said he is in regular contact with the pharmacy bodies and he believes something is being developed regarding guidance for patients by NHSE. It is recognised that pharmacists will be engaging with patients regarding possible shortages.

**19/26 Innovation and Enterprise update**

Harvey Sondh gave a presentation on his priorities for the coming year.

Harvey said that the vision for this directorate is to create new income streams, increasing income. Having a clear international strategy, growing this area and having a clear membership offer that is practical.

To enable this there will be greater use of insights and analytics before taking anything to market.

The goals are:-

* New income streams
* User centric products
* International strategy
* Product development processes
* Know the market

Discussion continued on the value to global healthcare in the RPS having an international strategy, building on our brand to bespoke products for individual countries.

**Action: Circulate presentation**

**19/27 Any other business**

Governance Review

The Chair thanked Tracey and Martin for their feed back on the Governance . Review at the working day (30 January). It was agreed that the EPB should have an extra day to discuss possible alternative models.

**Action: Arrange an extra working day for the EPB**

**19/28 Key Messages**

The key messages from the meeting were:-

* Brexit/FMD
* Integrated care system – help members engage with Long Term plan
* Commitment to pharmacists well being agenda

**19/29 Close of meeting**

The meeting closed at 16.00pm.

**19/30 Dates of next meetings**

EPB working day – 10th April

EPB meeting – 11th April

EPB working day 19th June

EPB meeting – 20th June

EPB working day 9th October

EPB meeting – 10th October

***Board Members please note:*** *All of the above dates are to be diarised across all EPB members. Board meeting dates are firm dates but Working Days will only be used at the discretion of the Chair and the Director for England.*