# **Community Pharmacy Expert Advisory Group Agenda**

**Monday 22nd May 2023 19.30 – 21.30 By Zoom:**

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## **1: Welcome, Apologies and welcome Led by Janice 10 mins**

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| **Description** | To welcome and note apologies. |
| **Outcomes** | Daffodil Standards – Now published and community pharmacy teams can sign up to the standards.The group were thanked by Janice for their extensive contribution to the development of the standards.  |

## **2: Repeat Prescribing (Recommendation 7 from the National Overprescribing Review) (30 mins) – Jenny Allen**

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| **Description** | The Royal Pharmaceutical Society (RPS) has been commissioned by NHS England to work in collaboration with The Royal College of General Practitioners (RCGP) to create guidance on repeat prescribing in England. |
| **Purpose** | To get insight and feedback from CPEAG members on this topic |
| **Outcomes** | A presentation was provided by Jenny Allen with the background to the topic.Feedback from the group included.* A need to consider the messaging and how we communicate the imperative for community pharmacy to engage when this could have financial impact. The key benefits are reducing waste, improving patient safety and reducing pharmacy workload to create capacity for service delivery.
* To make this happen access to shared care record/bloods and indications is needed to accurately identify if overprescribing/appropriate prescribing.
* Care home can be a big generator of medicines waste and managing prescribing can be challenging.
* Focus on the medicine reauthorisation process.
* Needs buy in from patients – (patient facing document/comms on publication).
* All community pharmacies must be on board, don’t want people switching if they perceive it is harder to get their meds at one vs another.
* Easier referral from Comm Pharmacy to GP practice to highlight issues, shouldn’t have to be chasing to see if messages have been received.
* Could this activity link to PQS/DMS/NMS
* Important to have outcome data, how can we share success/evaluate.
* Need to also consider gaps in prescriptions if requests have been declined – don’t want to impact on patients or increase numbers of emergency supplies.
* What is the appropriate amount when initiating a new medicine, often amounts supplied are wasteful e.g. 56
* Changing narrative – not patient ordering but a patient request, it is not a given that it is appropriate and that a prescription will result. Only order if you need it. Not ordering doesn’t mean items will be removed from your repeat list.
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**3: Pharmacist Independent Prescribing: Governance of prescribing and dispensing / supply by the same individual (45 mins)- led by Heidi/Alwyn**

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| **Description** | As all newly qualified pharmacists will be independent prescribers and services are redesigned, we need to explore the governance of prescribing and dispensing by the same individual and develop policy in this area. |
| **Purpose** | To ask CPEAG members for their thoughts and experience in this area to help inform the development of RPS policy. |
| **Outcomes** | Heidi Wright provided a presentation which detailed the background for a potential policy/position update.Arguments for and against were presented against the backdrop of the current position ‘prescribing and dispensing by the same individual should only happen in exceptional circumstances.Feedback from the group included.* Vision in Wales is for a prescriber in every community pharmacy by 2030 – position must change to allow this.
* This is currently happening. Emergency contraception, common ailments scheme, independent prescriber service are all services where prescribing/choice of product is made and supplied by the same pharmacist.
* **Important we make sure the guidance and governance supports safe and effective practice.**
* Patient safety is paramount, but patients will expect to be able to have medicine supplied in the same pharmacy in which it is prescribed. Unrealistic to prescribe and then inform patients we are unable to dispense.
* What are the concerns? – Financial gain/patient safety?
* Is there any evidence of fraud or that patient safety is compromised because of current practice?
* Fraud – prescribing and prescriptions are audited in the same way as other professionals. It would show up and be followed up. Difficult to see this as a concern.
* Evidence shows pharmacists are generally risk averse and cautious prescribers.
* We don’t want to issue guidance that stifles the progress already made.
* Potentially an IP could work across settings, could prescribe in one setting one day (e.g. GP practice) then be a locum on duty the next day in a pharmacy where the prescription is presented
* ‘Degree of separation’ important to allow for mental break before checking prescription after prescribing.
* Utilising skill mix in pharmacy – ACTs to accuracy check.
* Support needed for new prescribers
* Assess any risk – identify exclusions, complex patients, high risk medicines.
* What would we have done if we’d had to do this in Covid? Let’s not lose our innovative thinking and over govern.
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## **4. EPS rollout in Wales and dispensing tokens – Jodine Fec (Digital Healthcare Wales) (20min)**

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| **Description**  | To explore potential options to be adopted in Wales around dispensing tokens, gaining an insight into what is working well in other countries where electronic transmission prescriptions is already in place. |
| **Purpose** | To gain insight and feedback from CPEAG across all countries to help guide the delivery of the programme |
| **Outcome** | The item was led by Jodine Fec (Digital Healthcare Wales) who provided a presentation about the potential different routes to adopt in Wales, learning from experiences elsewhere.* Printing of tokens currently costs NHS England £8 million p.a.
* **Burden of paper, printing and cost cannot fall on pharmacy contractors.**
* Any change must be safe and effective and not hinder dispensing process.
* Requires culture change and redesigning dispensary.
* Significant psychological change for professionals to check on screen vs paper.
* Pharmacy teams need appropriate support through any change.
* Need a prompt (e.g., paper record) at handing out of medication to enable counselling of patients.
* Patient demographics – many patients still want a repeat slip
* Valuable information on a repeat slip – when an item was last issued and what is on repeat.
* Technology within pharmacy must support changes, staff cannot be queuing for terminals to check prescriptions. iPad/tablets may be needed to facilitate checking process.
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