

ENGLISH PHARMACY BOARD – PUBLIC BUSINESS

Minutes of the meeting held on Wednesday 23 June 2010 from 09.00-14.00, in 5th Floor Dining Room at the RPSGB, 1 Lambeth High Street, London SE1 7JN

Present

Lindsey Gilpin
Sultan "Sid" Dajani

Chair
Vice Chair

Seema Agha
Martin Astbury
John Gentle
Sue Kilby
David Branford
Graeme Stafford

Catherine Armstrong
David Carter
Shilpa Gohil
Tristan Learoyd
Graham Phillips

Observers

Gemma Donovan
Anne Nott
Steve Foster
Finlay Royle
Alison Cole

President, BPSA
LPF lead, Black Country
LPF lead, East Kent
LPF lead, London South East
Pharmacist, Consultant in directing programmes to deliver strategic change
Pharmaceutical Journal

Nicola Cree

In Attendance

Howard Duff
Bob Nicholls
Gul Root
Neal Patel
Charles Willis
Amanda King
Patrick Stubbs
Catherine Duggan
Ruth Wakeman
Briony Hudson
Martha Krumbach
Yvonne Dennington

Director for England
Chair of the GPhC
Principal Pharmaceutical Officer, Dept of Health
Head of Corporate Communications
Head of Public Affairs
Local Practice Forum Manager
Director of Membership and Communications
Director of Professional Services and Support
Head of Professional Support
Keeper of Museum Collections
Information Access and Resource Manager
EPB Secretary

Apologies

Rachael Lemon

10/68 Welcome and Introductions

The Chair, Lindsey Gilpin, opened the public business of the meeting and welcomed EPB members, staff, visitors and observers to the meeting. Observers were encouraged to participate where appropriate and their participation was valued by the Board.

The Chair congratulated Martin Astbury, Sue Kilby, Graham Phillips and David Carter on behalf of the Board, on their recent Fellowship Awards.

10/69 Apologies

Apologies were received from Rachael Lemon.

10/70 Declaration of Interests

Paper 10.06/EPB.01 had been circulated. The Chair emphasised that Board members were responsible for keeping this document up to date by informing the EPB Secretary of any amendments.

Board members were also reminded to state any declaration of interests before a specific item.

10/71 Public minutes for the EPB meeting held on 24th March 2010

The minutes of the meeting held on 24th 2010 were received and agreed as a correct record.

10/72 Matters arising not specifically included on the Agenda

There were no matters arising to be discussed.

10/73 Chairman's Report**10.73.1 Confidential Minutes - Shadow Assembly and Boards**

With regard to Board members having sight of confidential business minutes of the Boards and Assembly the Chair proposed that the English, Scottish and Welsh Boards along with the Assembly should have restricted access (not to be circulated further) to all confidential business with the caveat, defined by tight criteria, that in exceptional circumstances it would not be appropriate to share confidential business beyond the origin Board/Assembly.

The English Pharmacy Board agreed:

- (i) To the proposal of sharing confidential business of the Boards and Assembly. Criteria to be drawn up for exceptional circumstances when information would be restricted to the origin Board/Assembly members only.
- (ii) Michele Savage to draft the criteria for inclusion in the Governance Handbook to be signed off by the Assembly

10.73.2 Assembly – Rapid Action Group

The Chair of the Assembly, Martin Astbury, sought the views of the Board regarding the establishment and composition of a Rapid Action Group, drawn from members of the Assembly, whose remit would be to have a decision making role, should the need arise, between official Assembly meetings, which are planned to take place 3 or 4 times per year. The Board agreed with the proposal to establish a group but had a lengthy discussion around the composition of the group.

Some suggestions were that the group should comprise of the Chair of the Assembly, 3 Board Chairs (England, Scotland and Wales), and possibly there was a role for the establishment of a Treasurer and Vice Chair position. There was no consensus around the composition, some Board members were concerned with the group becoming too large and others did not think it was necessary for the Assembly to have a Vice Chair position, although there was support for the role of Treasurer. It was agreed that the composition of any group should reflect the membership numbers in the 3 countries.

Some Board members requested more background information in order to debate this further, but it was decided that the outcome of this debate would be reported back to the Assembly for further consideration and decision.

The English Pharmacy Board agreed:

- (i) With the proposal of a Rapid Action Group but that further debate would be necessary around its composition.
- (ii) As a point of principle the Rapid Action Group should have proportional representation from the Boards, at least two English Board members.
- (iii) Martin Astbury to report back to the Assembly.

10/74 Supervision Working Group

Paper 10.06.EPB/06 was noted subject to the following amendment:-

“Timescale

One meeting only of this group. Outputs to be elevated to a national working group suitably composed of representation from the 3 Boards (England, Scotland and Wales).”

10/75 Nice Work Programme 2010/2011

It was noted that the process for responding to Nice Consultations was working well with significant input from the specialist groups. It was highlighted that when specialist groups respond their responses should be checked for any gaps as often they concentrate on their own specialist area. Board member nominees for consultation responses should be checked against the business plan in the first instance.

The English Pharmacy Board agreed:

- (i) that we should endeavour to have a pharmacist on every Nice review panel, this would assist in streamlining the response process.

10/76 Museum (historical services) and Library Services

Briony Hudson gave a presentation (10.06.EPB.05) on historical services (museum) available to the membership. She expressed that the current emphasis was on communicating with members and the inter dependencies with other membership services. She focused on the historical services offered to members as being a unique member benefit as these services were unobtainable from any other source. Currently work is being done on cataloguing of items in order to have a “virtual museum”, CPD case studies and support, and a programme of oral historical interviews that will be available on CD. Discussion continued around introducing diversity, such as the contribution of women pharmacists and ethnicity, into projects and selling services for a profit. Briony pointed out, in general, that museums do not make a profit they exist on funding, but was not averse to charging for some services.

The Board thanked Briony for her continued hard work on historical services.

Martha Krumbach gave a short update on the library services. She informed the Board that access to all information would soon be available through the new rpharms.com website. Her current focus was working on what members want and need in relation to information. Martha was contributing information onto the LPF and virtual sites in order to reach pharmacists at a local level.

The English Pharmacy Board agreed:

- (i) to nominate a Board member to be the champion of historical services and inform Briony of the nominated person.
- (ii) The Board to be notified as soon as the Library Services are accessible through www.rpharms.com
- (iii) To give feedback and questions directly to both Briony and Martha via email.

10/77 Professional Development and Support

Catherine Duggan presented paper 10.06/EPB.04. She emphasised how Board members were advocates of all the services and how members could expect a consistent level of support. Current work includes training the support team in legal and ethical matters, reviewing current guidance in the light of the demerger and no longer having a regulatory role. She expressed the need to be flexible, responsive and adaptive and to offer support for pharmacists in leadership and management roles. Partnership working with specialist groups was gathering pace. A panel of Science and Research experts had been set up with the addition of a wider reference group, along with an internal research team who could support members who were tasked with seeking research funding. The issue of feeding into the undergraduate course was raised and it was reported that currently this was not happening but that this issue warranted more discussion. It was agreed to follow this up outside of the Board meeting.

A board member asked to receive information on specialist curricula knowledge and skills

The English Pharmacy Board agreed:

- (i) Catherine Duggan to send information about specialist curricula (for advanced practice) to Tristan Learoyd.
- (ii) Further discussion to be arranged on the subject of the undergraduate course.

10/78 General Pharmaceutical Council (GPhC) Update

The Chair welcomed Bob Nicholls (Chair of the GPhC) to the Board meeting and thanked him for attending to give an update on the role of a modern regulator and working with the Royal Pharmaceutical Society. Bob informed the Board that he had already met with Scotland and Wales and had received several invites to attend LPF meetings. He said that GPhC Council members would attend these meetings where possible as it was important to engage at grass roots level. He said that in order to regulate, it was important to have the informed consent of those who were to be regulated. The GPhC engagement strategy faced a challenge due to the many different pharmacy bodies, which had been highlighted by the receipt of over 100 separate responses from pharmacy bodies to the CHRE consultation on standards. There is a need to engage with a wide variety of different pharmacy organisations. Bob hoped the National Boards would play a major part in the future in bringing together the views of the profession.

Duncan Rudkin would take over the role of Registrar from 1st July 2010. Post demerger fitness to practise cases would be taken over by the GPhC, existing cases being read under the old rules, new cases entering the system after demerger being read under the new rules. Although existing cases would be picked up by the GPhC there would be no asset transfer or reserve fund to assist this process.

It was felt that although the initial standards consultation was thought to have been a good and inclusive process it did not obtain the desired outcome resulting in a further consultation, therefore the process would be reviewed in the light of this. The second consultation generated fewer, more positive responses. Four sets of standards have been agreed, two on an interim basis namely, CPD and pharmacy owners and superintendent pharmacists, and the rules would also be re-examined. The Education standards will also be re-examined at a later date. The GPhC intends to revisit the issues of the "Conscience

clause” as this merits further debate from both a public and professional viewpoint, and the role and cost of pharmacy inspection needs to be transparent and consistent.

He highlighted the principles behind the new “rolling register” and the requirement in the Pharmacy Order for the registration fee to be paid 2 months before the pharmacist’s license expires. Consultation on the 2011 fees and rules was currently underway and needed to be completed by August 16th so that the GPhC could make final decisions and communicate with all registrants by the end of September.

There is currently some controversy around the fee for technicians, with some suggesting it is disproportionately high, and the concept of a lower fee for those with lower pay. Views from the Board on these issues are welcome.

A GPhC engagement strategy is currently being developed. The EPB to look into the engagement strategy and respond to the GPhC. The GPhC would welcome input into their working groups on standards and rules and suggested regularly meeting with Board and Assembly Chairs on a pre planned bi annual basis.

Following the update some questions were asked and discussion continued around the regulation of dispensing doctors and the current code of ethics and standards having been developed over a number of years by pharmacists, and the role of the CHRE and their lack of engagement with the public. It was pointed out that the subject of dispensing doctors was a separate policy area, but that registered owners and registered pharmacies were subject to the rules; the GPhC would consider issuing guidance to cover other areas. The issue of educational standards was raised and the Board were assured that this was an area under consideration and that Board input was welcome. The need to work together was emphasised in order for the regulator to be more efficient and proportionate.

Any further questions were to be given to the Chair to submit to the GPhC. A process to be agreed for future questions to the GPhC

The English Pharmacy Board agreed:

- (i) To feed back any views they have on the fee structure to GPhC
- (ii) To feed back views on engagement strategy to the GPhC
- (iii) Arrange to set up bi annual meetings with GPhC
- (iv) To submit questions to the Chair for forwarding to GPhC.
- (v) A process for questions to be agreed between the two bodies.

10/79 Department of Health Update

The Chair welcomed Gul Root, Principal Pharmaceutical Officer at the Department of Health, to the Board meeting. Gul ‘s presentation focused on the public health agenda and working with a new administration. Patient outcome was the focus of the new administration looking at improving public health, long term care and partnership delivery, whilst driving up standards and improving the health of the nation, encouraging people to take responsibility for their own health by changing behaviours. A strategy document will be issued within the next few weeks followed by a public health document at a later stage.

Whilst it was recognised that pharmacists had a good track record regarding service provision there was a need for more to be done, service provision is inconsistent with some parts of the country faring better than other parts and pharmacy had a role to play in accessing these deprived areas of the population. Although public health had improved overall the health gap had not. The evidence base for service provision needs to be strengthened, evaluation to be built into all new services. It was recognised that some outcomes are not immediately recognisable but that the evidence base is growing.

Pharmacy staff has a huge contribution to make by helping to change behaviours of the public in relation to their own health.

Reference was made to the Public Health Leadership Group (PHLF) and Healthy Living Pharmacies, components of the white paper, Pharmacy in England, which had cross-party support. The pilot for Healthy Living Pharmacies in Portsmouth is the basis of a framework to be developed for Healthy Living Pharmacies. Gul requested that the Board help to promote this work in Portsmouth, whilst awaiting the direction of travel from the new administration.

The Vice Chair, Sultan "Sid" Dajani is the Board representative on the PHLF and he suggested that the Board receive electronic copies of the minutes of the meeting with salient points highlighted.

Leadership development – 9 workshops have been held across the SHAs bringing together pharmacy and public health professionals. The outputs of these workshops are being evaluated. A task and finish group is planned to be set up for 2010/11 but this is awaiting a ministerial directive.

Questions were raised regarding the role of pharmacy in cancer awareness. Gul replied there had been a funding bid for SHAs regarding cancer awareness and that the cancer policy team were keen for pharmacy to engage in cancer awareness. Self care was another issue raised; Board members felt this agenda was not moving forwards. Gul replied that self care was part of the framework. The Board requested that Shilpa Gohil send further information on self care to Gul.

Other issues raised included silo working between primary and secondary care, inconsistency of PCTs regarding commissioning and local service provision funding cuts and how this could affect services for patients. Gul said the pace of change can be frustrating but the Department was endeavouring to address these issues. Gul said there was a ring fenced budget for public health and it was recognised that providers who were investing in stakeholder management, workforce and premises developments appeared to be getting more services commissioned.

The English Pharmacy Board agreed:

- (i) To help promote the Portsmouth pilot for Healthy Living Pharmacies.
- (ii) Shilpa Gohil to email Gul Root re the self care agenda.
- (iii) PHLF minutes to be circulated to Board

10/80 Membership and Marketing plan 2010

Patrick Stubbs presented paper 10.06/EPB.07 which was an update on the marketing and membership activity as laid out in the consolidated business plan. He informed the Board that future updates would be delivered monthly to Board members and that he would attend the Board meetings to give a face to face update on a six monthly basis.

The marketing and membership section of consolidated business plan details the following:

- The communications plan for the Membership offer
A detailed plan has been put in place including a welcome pack that will be sent to all existing members shortly before demerger which will include a membership card and a flow chart of "what to do next", and details of all membership services. The plans to engage with the membership include print media, our membership newsletters, face to face meetings, virtual networks, online through www.rpharms.com and engagement through LPFs. Work is also being undertaken with practising pharmacists and other pharmacy organisations to spread the word.

- Future recruitment and retention strategy
As part of the business planning the Society have considered and planned for a range of membership retention scenarios. Our intention is to retain as many members as possible creating a united voice for pharmacists. A 70% membership retention target has been used for business planning purposes only.
- Putting in place the necessary processes for membership recruitment, renewal and retention. This includes the membership panel which will evolve to deal with issues relating to membership.
- The plan for the launch of the new Society
- An update on the development of the membership website www.rpharms.com and online groups.
Online groups have been developed with members. Some of the groups are now running well on their own, notably those groups with very clear remits/purpose. There have been some teething problems; however feedback is being captured and responded to. Currently an improved “log in” process is being developed. Online groups are in their infancy and there is a drive to increase engagement in the larger groups.
- New brand
- Driving service awareness and usage

The English Pharmacy Board agreed:

- (i) To feedback questions to Patrick Stubbs by email

10/81 Local Practice Forum (LPF) update

Amanda King gave a verbal update on LPFs, points raised include:-

- Martin Copland has left the LPF team and there is a delay in recruitment
- 34 steering groups are up and running – 23 of these are in England
- Attitude tracker reports that 70% of the membership are aware of LPFs, and their level of importance as a membership service
- Currently working on the launch and operational plan
- Almost all LPF virtual sites are now live
- Member interest is building. Personalised e-letters have gone to all members and shortly to be followed up with a hard copy letter.
- English Summit on LPFs to be held on 2 July.
- Tracking system devised for maturity levels of LPFs. Tracking on 4 levels – the 4th level being a fully operational LPF.
- Letter regarding funding and corresponding paperwork to be despatched next week
- London area remains a priority for the EPB

The English Pharmacy Board agreed:

- (i) To feedback questions to Amanda King by email.

10/82 EPB Business Plan 2010

Paper 10.06/EPB.06 was withdrawn but the following comments were made verbally.

The English Pharmacy Board considered prioritisation of the Business Plan at their Strategy Day on 22 June and **agreed** the following priorities:-

- Cancer Awareness Campaign – including oral chemotherapy (working with the NPA and BOPA)
- Joint working with the RCGP – Breaking down the Barriers report
- Working with the NPSA on anti coagulation
- Stakeholder/relationship management
- New MPs induction

- Grass roots campaign
- Supervision; setting the agenda for the profession
- Commissioning to be elevated and the Board to influence the work referred to by Gul Root.

Secondary priority items:-

- LPFs
- HASPS
- Barcoding
- Workforce pressures
- Rest Breaks
- Decriminalisation
- IT Strategy
- Development of local spokespeople

The English Pharmacy Board agreed:

- (i) that a communication strategy was necessary to inform the membership of the EPB priority work. Neal Patel to arrange a press briefing with the PJ and C&D.
- (ii) Howard Duff to draft a form of words around Commissioning seeking input from Graham Phillips to ensure the work stream is widely drawn from all relevant sectors of pharmacy.

10/83 Vision for Pharmacy

A lengthy discussion ensued on paper 10.06/EPB.08 Appendix 1 by Board members and observers. Clarification was given that this paper was aimed at the profession (not the public) although elements would be portrayed to the public and stakeholders including other professions. . It was felt that the vision should address multi disciplinary working. Some members called for pharmacists to be given legal responsibility for prescribing, to strengthen the role of pharmacy as a profession. Clarification was sought on whether this version included all previous comments from the Board.

Graham Phillips proposed that member's views be sought on the vision before it was finalised. Suggestions were for a consultation with the members and debate in the Pharmaceutical Journal along the lines of a "big conversation". This proposal was seconded by Catherine Armstrong.

The English Pharmacy Board agreed:

- (i) Clarification to be sought on inclusion of previous comments.
- (ii) That the current version of the Vision for Pharmacy should be presented to the membership in consultation as part of the launch of the Royal Pharmaceutical Society asking for their views as a "big conversation" piece. Concurrently a debate should run in the Pharmaceutical Journal.

10/84 Workforce Pressures

The English Pharmacy Board considered Workforce Pressures at their strategy day meeting on 22 June 2010 and set a series of short, medium and long term objectives that are designed to ensure pharmacists are empowered in their professional practice:

Measures include

- Publishing guidance on the standards for the number and skill levels of support staff in pharmacies
- Launching a suite of management support tools designed to up-skill pharmacists in areas such as delegation and assertiveness skills in the face of adversity

- Creating an evidence base for ensuring funding high quality patient facing pharmaceutical services

The English Pharmacy Board agreed:

- (i) The summary that was developed at the Strategy Day on 22 June 2010.

10/85 Consultations

The consultations as listed were noted by the English Pharmacy Board

10/86 Any other Business**10/86.1 Health Qualities Improvement Partnership**

Contact has been made with HQIP who are involved in accreditation and educational standards. A meeting is to be arranged between Helen Gordon (new CEO) and HQIP to discuss funding possibilities.

10.86.2 Composition of the Board Membership

Currently there are 14 members of the Board, post demerger this number will be reduced to 11 as 3 Board members sit on the EPB Board through Council nomination. These are Seema Agha (lay member of Council) David Carter (Council Nominee) and Rachael Lemon (Technician appointee of Council) will no longer form part of the Board due to the expected dissolution of Council in September 2010. The Chair would therefore like to thank these members on behalf of the Board for their contribution to the English Pharmacy Board and welcomed them to attend as observers at the next meeting of the EPB (13th October).

The Board would need to consider the possibility of co-option between demerger and the next EPB election if they assessed any gaps in knowledge and skills. This would be subject to the new governance rules to be agreed at the first formal Assembly meeting.

10/87 The Chairman thanked all those present for attending and closed the public part of the meeting at 13.55.**10/88 Next Meetings of the English Pharmacy Board**

Strategy Day 12 October

Wednesday 13 October

All future dates to be advised – a calendar of dates is in the planning stage