

ENGLISH PHARMACY BOARD – OPEN BUSINESS

Minutes of the meeting held on Wednesday 13 October 2010 from 09.00-15.00, in the Conference Chamber (basement) at the RPS, 1 Lambeth High Street, London SE1 7JN

Present

Lindsey Gilpin	Chair
Martin Astbury	Catherine Armstrong
John Gentle	Shilpa Gohil
Sue Kilby	Tristan Learoyd
David Branford	Graham Phillips
Graeme Stafford	

Observers

Louise Hemmings	President, BPSA
David Carter	past Board member
Seema Agha	past Board member (from 10.15am)
Ben Marks	LPF Lead London North
David Tamby-Rajah	LPF Lead London South West
Amandip Sudhu	member of the London North West LPF
Gary Armstrong	Pharmacist

In Attendance

Helen Gordon	Chief Executive
Howard Duff	Director for England
Neal Patel	Head of Corporate Communications (Agenda Item 6 only)
Charles Willis	Head of Public Affairs
Catherine Duggan	Director of Professional Support and Development
Nick Barber	MPC Programme Board member (Agenda item 11 only)
Sue Ambler	MPC Programme Director (Agenda item 11 only)
Wing Tang	RPS, Legal and Ethical Support Pharmacist (Agenda item 16 only)
Yvonne Dennington	EPB Secretary

Apologies

Sultan "Sid" Dajani	Vice Chair
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10/97 Welcome and Introductions

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

The Chair congratulated Martin Astbury on his appointment to President of the Assembly and John Gentle on his appointment to Treasurer of the Assembly.

10.98 Adoption of National boards Governance Handbook

The Chair introduced paper 10.10/EPB/01 which had been circulated.

The English Pharmacy Board agreed:-

- (i) To adopt the National Pharmacy Boards Governance Handbook 2010/2011

10/99 Apologies

Apologies were received from Sultan "Sid" Dajani.

10/100 Declaration of Interests

Paper 10.10/EPB.02 had been circulated. The Chair emphasised that Board members were responsible for keeping this document up to date. Board members were requested to submit an updated version of their interests to the EPB secretary, with the full names of organisations included (no acronyms) as the current version was out of date. A communication was requested from Board members even if no change was required.

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

The English Pharmacy Board agreed

- (i) to update their Declarations of Interest.

10/101 Public minutes for the EPB meeting held on 23 June 2010

The minutes of the meeting held on 23 June 2010 (10.10/EPB.03) were received and agreed as a correct record subject to the following amendment:-

Anne Nott should read Anne Noott.

10/102 Matters arising not specifically included on the Agenda

The update on actions circulated as paper 10.10/EPB.04 was noted. The following items were raised:-

10/78 The Chair informed the Board that the next meeting with the GPhC was scheduled for 10th November 2010, and requested the Board to submit any questions for the meeting directly to her. There was some discussion about how often these meetings should take place. The Chair to discuss this with Scotland and Wales.

10/79 Neal Patel has been in touch with Deborah Evans re Healthy Living Pharmacies to offer support in public relations as requested by Gul Root.

10/82 This specific action from the minutes had been closed but the Board and staff remain aware that the commissioning agenda is still active and is reflected in the business plan.

10/53 The HASPS project is not active at the moment. The RPS has had an initial meeting with Healthcare Quality Improvement Partnership (HQIP) to discuss national standards. An observer requested more information on the RPS accreditation framework. Howard Duff undertook to report this back to Catherine Duggan.

10/64 IT Resource – Currently there is no IT person in post; the Executive group have this matter under consideration. The Board were reassured that the RPS is still involved with the meetings on Summary Care Records and that much work had already been done.

It was suggested that an IT virtual group be set up to look at issues and this be comprised of board members from each country. This idea was supported by the Board and the CEO.

The English Pharmacy Board agreed:

- (i) The Chair will discuss the setting up of an IT virtual group with Scottish and Welsh Boards.

The current draft IT policy document is to be re-circulated to Board Members.

10/53.3- NHS Alliance - This specific action from the minutes has been closed but the Board and staff remain aware that the commissioning agenda is still active and is reflected in the business plan.

10/75 NICE - Consideration is to be given to how to manage attendance at NICE meetings.

The English Pharmacy Board agreed:-

- (i) to sum up the key messages and issue a press statement following on from each Board meeting.

RPS Conference – The Board congratulated those involved with the RPS conference on its success. The Board were informed that diagnostic research was being undertaken by the membership team to improve attendance for 2011.

EIPG – Concerns were raised regarding funding for this group. The President of the Assembly assured the Board that the Assembly was re-examining all the groups and nominees that the RPS was involved with and was making decisions re funding and attendance on a case by case basis.

10/103 Chairman's Report

The English Pharmacy Board noted this report.

The English Pharmacy Board agreed:

- (i) this report will no longer be presented as an agenda item as the Board are full briefed by the Chair on activities as they occur.

10/104 Chief Executive Officer's presentation

The Chair thanked Helen Gordon for attending and presenting her paper 10.10/EPB.06. The presentation focused on the role of the Assembly and its members, its objectives, the objects of the Royal Charter, roles and responsibilities, the whole of the RPS as the Leadership Body which includes Assembly, Commercial Services, National Boards, Professional Leadership and Publishing, organisational relationships, values and working effectively.

Discussion continued around encouraging members to attend open business Board meetings and there were suggestions of moving towards holding some meetings in the evening and recording meetings to make them more accessible to members.

10/105 EPB Business Plan 2010

Howard Duff gave a verbal update on the current business plan. He reported that although many of the activities had been achieved within the set timelines some of the timelines has been over ambitious and had therefore not been achieved. Progress had been slow on workforce pressures due to the work on the consultation responses required for the White Paper – Equity and Excellence: Liberating the NHS.

Some members of the Board raised concerns that the format of the plan was not suitable for open business and public viewing as it needed some interpretation.

It was explained that the anti snipping and bar coding activities now came under the European directive of anti counterfeiting.

It was suggested that activities should be listed under the headings of Support, Recognise, Network, Lead and Develop to synchronise with the RPS strategic domains. This would assist members in understanding the business plan and identify what had been delivered. Success should be celebrated and played back to members along the way. An intuitive tracker system for the business plan needs to be devised eg red, amber, green.

The English Pharmacy Board agreed:-

- (i) Howard Duff to work on improving the format of the business plan for presentation to the Board.

10/106 EPB Business Plan 2011

Howard Duff referred the Board to paper 10.10EPB.07 which had been discussed briefly at the Board Strategy day on 12 October 2010.

The Board were asked to consider the following when prioritising the business plan for 2011:-

- The Vision – this should drive the strategic work
- The EPB's own agenda
- The membership attitude tracker - informing the NPBs and Assembly about what is important to members
- Responding to the external environment – eg white papers
- Department of Health issues eg transfer of care, standard setting, clinical leadership
- EPB monthly themes – eg launch of new body, launch of white paper, medicines Act, supervision, support for PCT pharmacists, responsible pharmacist – too ensure that there is something for English members each month.

It was highlighted that members are more concerned with the outcomes of the White Paper rather than the process of responding to the consultation. Members should be made aware of what we are undertaking in relation to the White Paper and our joint working initiatives such as the RCGP/RPS work on commissioning and lung cancer awareness.

An observer asked if the Board was engaging with the Industry. This is not specifically EPB responsibility but a wider GB remit and corporate responsibility to engage with all sectors and it is on the RPS agenda.

Monitoring of GPhC activities and capturing member feedback were raised as issues and it was suggested that these should be included into the business plan.

The English Pharmacy Board agreed:-

- (i) Howard Duff would set up meetings/teleconferences with each individual Board member to discuss prioritising the 2011 business plan.

10/107 Modernising Pharmacy Careers (MPC)

The Chair welcomed Professor Nick Barber, RPS nominee to Medical Education England (MEE) and MPC Programme Board member and Dr Sue Ambler, MPC Programme Director and thanked them for attending the meeting to present on Modernising Pharmacy Careers (MPC).

MEE came into being following on from an independent inquiry into Modernising Medical Careers and the medic recruitment problems of 2007. It's remit is for medicine, dentistry, pharmacy and healthcare science. It advises the Department of Health and the Secretary of State and provides high-level scrutiny of, and advice on, the quality of workforce planning at national level. The White Paper – *Equity and Excellence: Liberating the NHS* sets out the Government's proposals for the NHS including greater professional ownership of the quality of education and training.

MPC is an independent body and has a large board drawn from various sectors i.e. NHS, Industry, Higher Education, trade unions, etc. The scope of the MPC includes, teaching, learning and assessment, pre and post registration, including CPD, career development and workforce planning for pharmacists, pharmacy technicians and pharmacy teams working in all aspects of practice in England. Its remit includes providing leadership and oversight, promoting engagement, advising the Secretary of State for Health and MEE, liaising with the devolved administrations and providing advice to other workforce projects across DH. Drivers for change include demographics, long term conditions, high level of errors, public health, funding constraints, and the need for a pharmacy workforce that is fit for purpose.

The MPC board will work with and through pharmacy organisations to identify appropriate projects. It was felt that Pharmacy was now in a position to influence as there were two pharmacy representatives on the MEE Board.

The RPS will have a role in accreditation and quality assurance of post registration course and qualifications and agreeing professional development frameworks.

There are various phases and workstreams being undertaken by MPC ie. review of pre-registration education and training, options development, post registration, workforce planning. There will be a consultation period next year on option development to which the RPS and others can contribute.

Nick Barber advised that all information in relation to MEE and MPC could be found on their website at <http://www.mee.nhs.uk/>.

Following on from the presentation some questions were asked. There were some concerns regarding the possibility of differing agendas between the education providers and the professional body. Sue Ambler replied that the White Paper set out a clear strategic role to the professions regarding the quality of training and that a tripartite approach would be taken considering the institution/sector and future funding and the roles of the professional bodies, regulator and the public would be considered.

Concerns were raised around the role of the RPS. Sue Ambler replied that influencing would be important and that there was an increasing role for the profession in further education. The RPS would have a role in defining standards of practice and competency frameworks against which education would be delivered.

Discussion continued as to whether the MPC had been radical enough in its approach to pharmacy education. Sue Ambler replied that their approach was considered to have been radical and this had been based on listening to stakeholders, she also stated that this was not the end of the reform but just the beginning, there would still be scope to influence.

The abolishment of SHA's and PCTs was highlighted and concerns were raised that the good work they have done on workforce issues may be lost in the reforms. Sue Ambler assured the Board that MPC were fully informed on the direction of travel. There would be an opportunity to influence specialist education and training during a 16 week consultation period in the Autumn, workforce issues could be raised then.

The advantage of working together with the CPPE was discussed, it was felt that CPPE was accessible to pharmacists and could fill an educational gap.

The English Pharmacy Board requested:-

- (i) A copy of the presentation to be circulated to Board members.

10/108 Public Affairs and Communication Plan

Charles Willis gave a presentation on current Public Affairs activity. The RPS was represented at all political party conferences and some fringe meetings were sponsored by the RPS. The general stakeholder views on the current White Paper reforms included:-

- Massive change – too far too fast
- Lack of clarity around new roles/organisations
- Lack of trust/doubt over abilities of GPs to commission
- Loss of key skills and strategic overview
- “throwing out the baby with the bath water”

It was evident from the conferences that the Government is going ahead with the reforms but is willing to listen to stakeholder views if supported by an evidence base.

The RPS will be embarking on an engagement strategy with local authority bodies, MPs and senior civil servants following the consultation responses to the White Paper and the party conferences.

Discussion continued around the opportunities for pharmacists working together with local authorities on the public health agenda ie DNA swabbing, teenage contraception. Reforms were not only centred on cost cutting but also quality of service.

The “Breaking down the Barriers” report on joint working between the RPS/RCGP is undergoing a redrafting exercise. This will be reviewed by the EPB working group before being signed off by the Board. It was emphasised that this report focuses on Community Pharmacy and that the RCGP should be made aware of joint working with other pharmacy sectors.

Another parliamentary health check event is being arranged whereby a selection of MPs will receive a pharmacy health check on their cholesterol, blood sugar, BMI and given life style advice.

A RPS publication “The Changing Face of Pharmacy” has been posted to every MP and to 100 Lords informing them of the new RPS and general information on pharmacy.

10/109 Feedback from LPF observers for 2010

The English Pharmacy Board noted paper 10.10/EPB.08. The Chair stated how helpful it was to receive this feedback from observers.

10/110 Local Practice Forum update

The English Pharmacy Board noted paper 10.10/EPB.09.

Further updates included that the second fast track day had taken place on 7th October and was helping to increase steering group awareness.

21.6% of members have now logged into the virtual networks, however there are still a significant number of members who have not provided their email address to the RPS.

The Guernsey LPF will be up and running by the end of October.

The observers were asked to contribute to the discussion on LPFs and asked for their opinions of how their LPFs were operating. There was a general consensus among the observers that communication by steering committees with their members remained a problem. The virtual networks were not reaching out to all members and the old system of posting invitations to events was seen to be more effective. Other concerns and issues were around being joined up with CPPE, dependency on a volunteer workforce, LPF

vision being hard to achieve on current funding structure, engagement with local authorities, recording lectures to an acceptable standard to share with other LPFs, disbanding of PCTs affecting LPF boundaries, webinars not containing accurate information and banking issues.

The observers were assured that banking issues could be resolved centrally and encouraged LPF leads to get in touch with the RPS to resolve issues of changing accounts.

10/111 White Paper: Equity and Excellence: Liberating the NHS

Paper 10.10/EPB.11, appendices and related press releases were tabled.

Heidi Wright thanked Board members for their contributions to the responses and advised of forthcoming consultations on education, public health, long term conditions and screening.

The Board asked for key messages from the 5 consultations to be communicated to the members through the website.

Referring to paper 10.10/EPB.11 page 2 – *What can we do?* The Board were asked to comment on the 4 bullet points. The Board broadly agreed with the bullet points but agreed they needed rewording. A small group will address this on a virtual task and finish basis to be completed by 22 Oct 2010.

These next steps need to be included into the business plan for 2011.

The English Pharmacy Board agreed:

- (i) Key messages from the 5 consultation responses should be put onto the website
- (ii) A virtual group to be set up comprising David Branford, Sue Kilby, Catherine Armstrong, Lindsey Gilpin and Graham Phillips to wordsmith the 4 bullet points from page 2, reporting back to Heidi Wright by 22 October 2010.
- (iii) Next steps to be incorporated into the business plan for 2011.

10/112 Workforce Pressures

Due to the recent work required on the White Paper, workforce pressures had not progressed as expected and a more detailed discussion on paper 10.10/EPB.10 would be required at the next Board meeting.

An early draft guidance document on Workforce Pressure was circulated to the Board for comment. The Board asked for more time to consider this paper.

Discussion continued on areas that should be included in the guidance – such as defining what is reasonable, relationship with superintendents, clinical governance, personal lack of control, protected case loads, consideration given to complexity of cases, feelings of isolation, communication. It was highlighted that many of these areas would need research to provide the evidence. It was reported that early plans were in progress to provide research for this area of work and that some research already existed which informed contractual negotiations but was not currently accessible to the RPS.

The English Pharmacy Board agreed:-

- (i) To discuss workplace pressure in more detail at the next Board meeting.
- (ii) Draft guidance document to be circulated electronically to Board members for their comments. Areas that need input should be highlighted to Wing Tang, Legal and Ethical Support Pharmacist.

10/113 Supervision

Heidi Wright gave the Board a verbal update on activity related to Supervision, which included:-

- 4 pilot LPF webinars had been held
- 7 full supervision webinars had been held and one scheduled for next week.
- More webinars could be arranged if LPF leads requested.
- The main themes from the webinars would be captured and played back to members.
- A series of articles had been published in the Pharmaceutical Journal and Pharmacy Professional to widen the debate on supervision.
- A stakeholder day was held under Chatham House rule on 14 September inviting a wide range of stakeholders eg PDA, NPA, multiples, independents. The main themes emerging from this meeting were – professional empowerment, risk v benefit, patient facing role, supervision in remote areas, IT strategy, supervision as an enabler not a constraint, changing face of the NHS.
- A session on supervision at RPS conference in September.
- Joint session with the PDA at the Pharmacy Show

Discussion continued around revisiting the 8 principals on supervision and updating them.

The Board was concerned with the pending review of the Responsible Pharmacist regulations having an impact on the supervision debate.

Howard Duff referred the Board to the Council Minutes of 21 September where Council agreed the following action:-

“that a letter be written to the Department of Health by 27 September 2010 requesting a review of the impact of the Responsible Pharmacist regulations.”

and to the Assembly minutes of 7th October 2010 where the Assembly *“felt that there was already sufficient evidence to support a review and also that the review should be undertaken before any changes were made in supervision arrangements.*

It was agreed:

that a teleconference be arranged between the President and Chief Executive and the Chief Pharmaceutical Officer and other relevant DH staff to talk about the issues and then follow this up in writing with what had been agreed during the conversation.

The GPhC be asked if they wished to join the teleconference”

Helen Gordon reported that there was soon to be a discussion on this review which the RPS would feed into and then report back to the Board on progress.

The English Pharmacy Board agreed

- (i) to endorse the previous Council and Assembly in supporting a review of the impact of the Responsible Pharmacist Regulations.
- (ii) Helen Gordon to report back to the EPB on the meeting regarding the review of the impact of the Responsible Pharmacist Regulations.

10/114 Consultations

The English Pharmacy Board noted the list of consultations.

Heidi Wright informed the Board that there was an additional consultation from the MHRA that requires a response by 19 November 2010 – *“Review of Medicines Legislation: Informal consultation on the Medicines Act 1968 exceptions for sale, supply and administration of medicine”*.

Discussion continued around the Medicines Act review and it was suggested that the Board invite an expert to debate the topic.

The English Pharmacy Board agreed:

- (i) Helen Gordon to consider the next steps in relation to the Medicines Act review and report back to the EPB.

10/115 Museum (historical) and Library Services – Board nomination

The Board had received two nominations for this post:-

Graham Phillips and Sultan “Sid” Dajani.

Graham Phillips was asked to leave the room whilst this item was debated and Sultan “Sid” Dajani was absent from the meeting.

The English Pharmacy Board agreed:-

- (i) To offer the position to both candidates splitting the role for Museum and Library. Howard Duff to discuss this with both candidates and come to a decision and report back to the Board.

10/116 Allowances and Expenses

The English Pharmacy Board noted paper 10.10/EPB.12 and Appendix 1.

10/117 Any other Business

IT Virtual Group – this was discussed under item 10/102 – 10/64.

PH20:20/meds management/pharmaceutical care group – Virtual Groups – this item will be discussed virtually upon Sultan “Sid” Dajani’s return from business abroad.

Stakeholders that we engage with – table matrix – Heidi Wright presented paper 10.10/EPB.17 – an early draft listing stakeholders.

The English Pharmacy Board agreed:-

- (i) To review the matrix and give revisions/additions to Heidi Wright.

10/118 The Chairman thanked all those present for attending and closed the open part of the meeting at 3.20pm.

10/119 Meetings of the English Pharmacy Board for 2011

EPB Strategy Day	Wednesday 19 th January
EPB meeting	Thursday 20 th January

EPB Strategy Day	Wednesday 13 th April
EPB meeting	Thursday 14 th April

EPB Strategy Day	Wednesday 29 th June
EPB meeting	Thursday 30 th June

EPB Strategy Day	Thursday 6 th October
EPB meeting	Friday 7 th October

Board Members please note: All of the above dates are to be diarised. Board meeting dates are firm dates but Strategy Days will only be convened at the discretion of the Chair.

