



SCOTTISH PHARMACY BOARD MEETING

Minutes of the meeting held on Wednesday 13 April 2011, at Holyrood Park House, 106 Holyrood Road, Edinburgh EH8 8AS

PUBLIC BUSINESS

Present

Mrs S Melville (Chairman)	Mrs A Mair
Mr A Jack (Vice-Chairman)	Mr C Tait
Dr A Boyter	Mr W Templeton
Professor J Cromarty	Mr D Thomson
Mrs E Mackenzie	
Mrs F Maclean	

In attendance

Helen Gordon (Chief Executive), Graham Duncan (Director of Finance), Alex MacKinnon (Director for Scotland), Carolyn Rattray (Business Manager), Iain Brotchie (External Affairs Specialist), Sara Fletcher (LPF Facilitator), Annamarie McGregor (Professional Support Pharmacist), Victoria Bytel (Head of Membership)

11/19. Welcome and Apologies

The Chairman welcomed Helen Gordon (Chief Executive) and Graham Duncan (Director of Finance). A particular welcome was extended to Annamarie McGregor (Professional Support Pharmacist) and Carolyn Rattray (Business Manager) who were attending their first SPB meeting.

Apologies were received from Ewan Black, Janine Milne and Derek Stewart

11/20. Declarations of Interest

Board members were reminded to declare any specific interests prior to discussion of agenda items.

11/21. Confirmation of Board Meeting Minutes

Scottish Pharmacy Board

Approved, with one wording amendment

the minutes of the public business part of the Board Meeting held on Wednesday 26 January 2011

11/22. Matters Arising
There were none.

11/23. Chairman's Report

The Chairman updated the Board on her activities representing them since the last Board meeting. At the beginning of February, the Chairman attended a meeting, in Lambeth, on value-based pricing. It was agreed that there should be fuller discussion to help with the ethos and that it was vital to emphasise value as opposed to the cost of medicine. A discussion ensued on the ethical issues regarding issuing medicines for a younger person being more valuable than for an older person. The Chairman advised the Board of an enlightening report on ethical issues which had been published by the Pharmacy Practice Research Trust (PPRT). At the end of February, the Chairman attended the launch of the Glasgow Local Practice Forum and in March, the Assembly meeting in Cardiff. The Assembly meeting was made up of two days, the first being listed as a 'Strategy' (working) day. Those attending the Assembly agreed that the working day had been valuable, allowing matters to be discussed fully beforehand, enabling the Assembly to run smoothly.

John Cromarty, Board member, asked if the RPS response to the consultation on value-based pricing had been sent out yet. Alex MacKinnon agreed to forward the final consultation response to all Board members as this would inform further discussions in the future.

Action: Alex MacKinnon to circulate the Value-based pricing consultation to Board members

11/24. Chief Executive's Report

Helen Gordon, updated the Board on the work of the Executive Team; it is a cohesive body with the optimum level of business acumen, ensuring that the Society is operationally effective. There are a number of important GB-wide projects being implemented with effective joint working across the Executive teams.

With membership levels reaching nearly 32,000, the Society needs to appraise its position, check priorities and resources to ensure its continued development and growth. The Chief Executive is attending as many meetings and conferences as possible, being 'visible' and emphasising the benefits available to members. Membership is progressing well, and there is confidence that the Society is able to support the membership at individual and national levels. The Chief Executive requested that her thanks to the Scottish Pharmacy Board be recorded.

The Chief Executive reported that one of the many invitations received was to become involved at the education table - Modernising Pharmacy Careers Programme. The Royal Pharmaceutical Society (RPS) is 'welcomed, respected and is being heard'.

The RPS is harnessing specialist interest groups; these groups have attracted a significant percentage of the membership back into the Society. The RPS recognises specialists as well as generalists. A buy-in capacity exists which

makes people want to be a part of the RPS; this was enhanced by the excellent national media exposure received by the RPS in the first quarter of the year. Work is progressing to develop other tools, such as the 'Map of Evidence', which will be used nationally.

The RPS is working closely with other health care professionals, including the Royal College of Medicine (RCM) and the Royal College of Nursing (RCN), demonstrating good practice. The Society will continue to build relationships with other key stakeholders in the NHS.

John Cromarty requested a progress update on under/post-graduate education and modernising pharmacy careers. The Chief Executive updated the Board on the five year Medical Education England (MEE) integrated programme. The MEE has signed off a proposal to explore the five year programme and this has now been submitted to the Secretary of State for Health. If the proposal is approved, further consultation and an impact analysis will be required to determine if it should be taken forward in full, or in part. Once a decision has been made by the Secretary of State, it was agreed that there should be a discussion, to ensure consensus, between the national boards.

The Board discussed this further, with Alpana Mair, Board member, suggesting that engagement with student representative bodies might be 'a catalyst for change'. Alistair Jack, Vice-Chairman, advocated, with the support of the government, the development of a Royal College.

Alistair Jack suggested that the SPB should be working towards having a President for Scotland. The Chief Executive explained that the role of President is as an advocate for the whole Society. It was felt that meetings with Chairs from each Board and the President are very unifying. The Chairman was of the opinion that the President would be chosen from one of the Chairs, ensuring parity. Charles Tait, Board member, suggested that, as the President requires the specialist skills of members from all national Boards, the Office of President should not derive from a Chair. The Chief Executive confirmed that the President's prime role is to ensure that the Assembly runs well, adding that if 'it doesn't feel right then there would need to be open and honest discussion to work this through'.

John Cromarty asked about the level of influence of the RPS and whether the Society uses focus groups with experts who are at the 'coal face'? Helen Gordon confirmed that the RPS is represented by a specialist within MEE and also within other groups.

The Chief Executive agreed to take the thoughts of the Board back to the Executive, and agreed to keep the national Boards updated on progress.

At this point, the Chairman welcomed Dr Ann Boyter and Victoria Bytel (Head of Membership) to the meeting.

11/25. Membership update

It was agreed that, as Victoria had limited time, the membership update would be given earlier than planned and, as no external participants were present, that the update would be given during Public business.

The Chairman introduced Victoria Bytel to the meeting.

It was reported that the membership figure at 12 April 2011, was 31,592, this represents 72% of the GPHC register and 64% net (less overseas and retired members).

Membership renewal peaked at the time of the renewal deadline but a further 5,000 had renewed since then.

On 5 April, all members who had not renewed were lapsed. Members can renew until the end of May, after which date, a new application will be required (at no extra cost).

The membership team will conduct a full review of the membership process in May and will commence planning for 2012 once the review is completed. It was confirmed that the results of the review would be shared with the Board

It was noted that no category existed for employees of health boards and so they would be noted as 'unspecified'. It was agreed that consideration should be given to adding a Health Board category. It was also noted that the category 'PCO' doesn't exist in Scotland and that the category should be changed to Primary Care (PC). Victoria confirmed that this would be amended.

Action: Victoria Bytel to amend category

The Board asked if the renewal date was on a 'rolling' basis. It was confirmed that membership renewals commence annually from the beginning of March and that any member renewing after that date would pay an amount proportionate to the number of months left in the subscription year.

David Thomson, Board member, asked if it might be possible, for lobbying purposes, to have a list of members in each Board member's area. Victoria will check and report back to the Board.

The Chairman added that student membership is free, which would add another 6-7,000 to the membership and that if a student is a member of the British Pharmaceutical Students Association (BPSA), they receive automatic membership of the RPS.

The Chairman thanked Victoria for her presentation and congratulated membership on such a good news story, adding that 2012 would be 'the real challenge' going forward.

11/26. Election Scheme Briefing

Tony Ashmore was scheduled to join the meeting by VC but was unable to because of technical difficulties. It was agreed that the meeting should continue with this agenda item. Janet Mumbray took notes of questions for Tony Ashmore

The Chairman asked the SPB to reaffirm its non-sectoral position; this was agreed when governance was drawn up.

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approved

that the Board would proceed on a non-sectoral basis

The Board discussed how the situation of a sudden vacancy would be tackled, considering whether a new Board member be co-opted, a casual vacancy or, if it happened immediately after an election, should the runner-up be invited to join the Board. Charles Tait suggested that more than one solution would be required depending on the situation, adding that this was never likely to be an issue as Scotland tends to make decisions by consensus. It was confirmed that a co-opted member of the Board would not be eligible to be a member of the Assembly as it would not be democratic, but that a runner-up (with the second largest number of votes) would, as it would comply with the democratic model.

Helen Gordon agreed to work on wording around this with Tony Ashmore, pass back to the Boards for their approval, with a view to presenting to the Assembly in July.

11/27. Scottish Pharmacy Board Business Plan Update

Alex Mackinnon and Iain Brotchie provided the Board with an update on performance towards meeting the Business Plan's strategic objectives.

Alex Mackinnon reported that the Business Planning tracker was very much on target and now that the Professional Support Pharmacist, Annamarie McGregor had started work, the objectives which still remained in red would soon turn to amber and then green; this will accelerate still further when the Policy and Practice Lead, Aileen Bryson joins the RPS in July.

Alex Mackinnon advised the Board that work with Community Pharmacy Scotland (CPS), on improving outcomes for drug misusers by further development of the role of community pharmacists in their treatment and care, was progressing well. The former Minister for Community Safety, Fergus Ewing, had been very supportive and had promoted awareness by visiting Alan Glauch's pharmacy in Edinburgh where he saw at first hand the valuable role of the pharmacist in the pharmaceutical care of drug misusers. This was followed by a joint meeting between CPS, RPS and the Glasgow Addiction Services which was very informative and worthwhile.

The Board was reminded that the First Minister had intimated support for the valuable work of community pharmacists in supporting the care of the drug misuser and challenged the RPS to explore further opportunities in this area.

A report of this joint work with CPS has been prepared for the Pharmaceutical Journal.

Iain Brotchie, External Affairs Specialist, updated the Board on the RPS Business Plan in relation to politics and the forthcoming Scottish elections. RPS had been represented at each of the party conferences and thanks were given to Board members who had also attended. The RPS has had affirmation from across all parties as pharmacy had been mentioned in all of the main party manifestos; the Scottish Conservatives pledge to 'reintroduce prescription charges at the 2009 level of £5 per single item', they would 'support the further development of the role of pharmacists when it comes to prescribing medicine' and 'propose free universal health checks for those aged between 40 and 74. The Scottish Liberal Democrats would work towards giving pharmacists more patient information to help them improve medicine management. Also, they pledge to allow communities to design health services that best meet their local needs. The Scottish Labour Party pledges to merge IT systems, believing that further efficiencies can be made in the prescribing of medicines, including the use of generic medicines and the streamlining of the repeat prescriptions system. The Scottish National Party (SNP) pledges to build on the chronic medication service and encourage even closer joint working between pharmacists, GPs and other community services providers.

The Board was advised that the Minor Ailments Service might be at risk because of the economic climate and a possible lack of commitment to its further development from certain parties. The SNP would maintain the service; RPS and CPS would like it to be rolled out across the country as it would establish community pharmacy as a first port of call for common clinical conditions. The RPS is preparing a defence argument to protect this important service once the results of the election are known.

John Cromarty noted that use of the Minor Ailments Service was being actively promoted in the Highlands and Islands and that, for it to be rolled out nationally, it would be crucial to work with other organisations. Use of the service would improve access, thus enabling effective care for more common clinical conditions. David Thomson advised that a pamphlet on minor ailments and emergency supply to cover the Easter period had been produced and that some pharmacies were to provide feedback.

Alex Mackinnon recently met with the Cabinet Secretary for Justice, Kenny MacAskill, to discuss the decriminalisation of dispensing errors. The Cabinet Secretary for Justice promised to write to the office of the Procurators Fiscal. If this hadn't been actioned before Parliament went into recess, it would need to be revisited after the election.

In summary, it was too close to see much movement in the polls, to predict the outcome of the Scottish election. At least 33% of respondents were 'undecided' and so, turnout on the day would be of paramount importance.

The Chairman thanked the Director for Scotland and the RPS team for progressing the Business Plan.

11/28. Local Practice Forums (LPFs)

Sara Fletcher, LPF Facilitator for Scotland, updated the Board on the progress of the Scottish Local Practice Forums and Alex MacKinnon presented the (LPF) plan. Nothing has been removed from the plan but the timelines have been updated to be more realistic. John Cromarty noted that of the 16 objectives and the 48 activities, the main accountability seems to remain with RPS staff and that, for the plan to be sustainable, accountability should rest with the LPFs themselves. Alex Mackinnon explained that the primary intention is to enable and then, when the LPFs become established, to pass on responsibility for much of the activity to the individual groups.

Helen Gordon suggested that the Scottish Directorate of the RPS should advise its membership of the success of the LPFs.

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approved

the changes to the LPF plan timelines

11/29. Science and Practice Engagement Plan

Alex MacKinnon presented a revised Science and Practice Engagement Plan with updated key priorities and timeline.

Scottish Pharmacy Board

approved

the revised Science and Practice Engagement Plan

11/30. Science and Research Update

The Board received an update from Dr Colin Cable, Pharmaceutical Sciences Information Advisor, on the science and research work being undertaken by the Society.

Map of Evidence: this is a database which shares examples of practice, collating existing evidence and ongoing initiatives. It aims to share and showcase good practice and innovation that might not otherwise reach the public domain, and to increase knowledge exchange and learning.

Education Expert Advisory Panel (EEAP): The EEAP was established in March 2011, with over 70 nominations to sit on the panel being received. A panel of 32 experts in pharmacy, education and training has now been established; the Chair of the EEAP is Sandy Florence. The composition of the panel reflects both pharmacy sectors and the geography of its membership. The first meeting was held on 28 March 2011, with primary aims to identify issues, submit papers on key issues and develop work streams for the Panel for 2011 and 2012.

Monitored Dosage System Standards (MDSS): During the de-merger a number of standards were withdrawn. New guidance has been created which could become the first set of professional standards. The standards are aspirational and the first draft is almost ready. The draft document will be presented to the Boards and Professional Leadership Executive before publication.

Guidance on herbal medicines: New legislation is to be introduced on 1 May 2011, which will revoke previous legislation introduced seven years ago. Guidance for members has been produced which will be available on the RPS website by the end of April. It is hoped that a number of media opportunities will present themselves around 1 May 2011, when the legislation comes into practice.

The Chairman thanked Dr Cable for his informative and valuable presentation.

11/31. Scottish Pharmacy Board Representation at external meetings

There was nothing to report on external meetings

11/32. Medicines Safety Working Groups

Improving pharmaceutical care in care homes (PCCH) working group

Alpana Mair provided an update, giving details of its remit and activities. To date there have been two meetings which Ann Hendry has attended and David Thomson and Elspeth Weir attended a joint improvement workshop. RPS has been invited to sit on the Quality and Care working group. The timeframe to make recommendations is the end of the summer 2011 for funding streams, to allow recommendations to be completed. A meeting is planned for Wednesday 20 April 2011. Alex MacKinnon presented the amended role and remit for the Working Group.

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approved

the amended role and remit for the Working Group.

11/33. Any Other Competent Business

The Chairman advised the SPB that Angela Timoney has been appointed Chairman of the SMC. The Board agreed to write officially to congratulate her.

Action: Alex MacKinnon to write letter.

11/34. Date of Next Meeting

The date of the next meeting will be Wednesday 6 July 2011.