



SCOTTISH PHARMACY BOARD MEETING

Minutes of the meeting held on Wednesday 26 January 2011 at Holyrood Park House, 106 Holyrood Road, Edinburgh EH8 8AS

PUBLIC BUSINESS

Present

Mrs S Melville (Chairman)
Mr A Jack (Vice-Chairman)
Mr E Black
Dr A Boyter
Mr J Cromarty
Mrs E Mackenzie (from item 8)
Mrs F Maclean

Mrs A Mair (afternoon only)
Mr C Tait
Mr W Templeton (morning only)
Mr D Thomson

In attendance

Helen Gordon (Chief Executive), Martin Astbury (President) (from item 8 onwards), Graham Duncan (Director of Finance), Charles Willis (Head of Public Affairs from 11.30am), Leila Taheri (PJ – afternoon only), Angela Timoney and Laura McIver (from 11.30 until lunch), Patrick Stubbs (Director of Marketing and Membership), Elaine Preece Alex MacKinnon, Director for Scotland, Sarah Pirie (Business Manager), Iain Brotchie (External Affairs Specialist) and Sara Fletcher (LPF Facilitator);

11/01. Welcome and Apologies

The Chairman welcomed Elaine Preece who was attending the meeting as a Keep in Touch day. Particular welcome was given to Angela Timoney and Laura McIver who would be presenting to the Board on medicines safety. Graham Duncan, Patrick Stubbs and Charles Willis were welcomed together with Helen Gordon and Martin Astbury.

Apologies were received from Janine Milne and Derek Stewart.

11/02. Declarations of Interest

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

11/03. Confirmation of Board Meeting Minutes

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the minutes of the public business part of the Board Meeting held on Wednesday 27 October 2010.

11/04. Matters Arising

The Chair confirmed that a paper on Workforce Pressures had been circulated by email on 25 January and proposed that this was taken at Item 11 under Professional Empowerment.

The Chair highlighted that a number of consultations had been received. Consultations were now posted up on the Board on a weekly basis as per the resolution of the Assembly in December. It had been noted that not many views by Board Members are being recorded. Board Members were encouraged by Alex MacKinnon to volunteer their views, particularly as the Directorate had limited support on policy matters until recruitment of the Policy and Practice lead was made.

The Chairman confirmed that the following new consultations required to be reviewed:

- Recognition of Professional Qualifications Directive (closing date 15/3/11)
- The Student Immigration System: a consultation (closing date 31/1)
- Insulin passport (closing date 28/1/11)
- Recognition of pharmacist qualifications awarded in the European Economic Area and Switzerland: removing the '3 year rule' from new pharmacies: A paper for consultation (closing date 7/4/11)
- A new value-based approach to the pricing of branded medicines - a consultation (closing date 17/3/11)
- Liberating the NHS: developing the healthcare workforce (closing date 31/3/11)
- Launch of public consultation to start discussion on clinical studies of herbal medicines in children (closing date 15/4/11)
- Review of UK medicines legislation: informal consultation on issues relating to the PLR regime and homeopathy (closing date 18/2/11)

11/05. Chairman's Report

The Chairman updated the Board on her activities representing them since the last Board meeting. Many of the items had been reported to the Board at the Business Meeting of 17 November including meetings with GPhC and the PDA. The Chairman and Vice Chairman attended by videoconference the Assembly meeting in December and the Chairman also attended a meeting of the Appointments Committee.

11/06. The Assembly

This item was covered in item 10/05.

11/07. Medicines Safety Action Plan

Angela Timoney and Laura Mclver presented to the Board on the SPSP programme and the Quality Strategy to identify areas where pharmacy can contribute in primary and secondary care. The various Scottish Government initiatives which influence the medicines safety agenda were outlined. Improvements achieved through SPSP were outlined in areas such as C. Difficile. It was highlighted that pressures were being felt where work on improving medicines safety was not seen as part of the frontline services because it does not involve patient contact time. There would be increasing pressure to find cost efficiencies as well as patient demands for medicines. There should be more discussions with the elderly about whether they want to take the large number of medications which are prescribed. Clinical practitioners need to address the issue of poly pharmacy in the elderly.

Angela Timoney outlined several areas which the Board could help with. There was a need for assistance in collecting patient narratives about their experiences with pharmacists. Pharmacists were often the unseen part of the clinical team and such narratives were hard to obtain. The role of the profession should be as an advocate for patients. Pharmacists need to play their role in a multi-disciplinary clinical team. Hospital pharmacists as well as community pharmacists need to be challenged about reducing costs. The need for a strong professional leadership body to lead on these issues was emphasised.

The Chairman strongly endorsed the presentations and recognised the need for committee work on medicines safety and relating that to frontline work. Charles Tait noted the difficulty in finding patient narratives because pharmacists were so often the unseen part of the clinical team. The public's awareness of the role of pharmacists needs to be raised. William Templeton confirmed that the multiple that he had worked for until recently had spent a lot of time on patient experiences and they may be able to help with this. Helen Gordon volunteered to assist in providing routes into the Royal College of Surgeons, Nursing etc if that would be helpful to QIS.

The Chairman thanked Laura Mclver and Angela Timoney for their presentations which would be of great assistance to the Board in taking forward its work on patient safety through its working Groups.

11/08. Scottish Pharmacy Board External Relations Plan 2011

Iain Brotchie confirmed that the Scottish Pharmacy Board External Relations Plan 2011 follows the layout and objectives of the Board's Business Plan for 2011-13. It has been developed to be action orientated so that the Board can see where the work has been successful. There was discussion on the best way to present the case for access to the electronic patient record in objective two and whether the cost containment issues needed to be detailed further. John Cromarty felt that careful consideration should be given when using such debates since the public would not be engaged by such messages. He would prefer to see references to cost effectiveness rather than containment. Alex MacKinnon explained that having tried to gain access using prescribing as the basis for nearly a decade a

new debate might help. The most important reason was of course better clinical care of the patient for example in keeping Parkinson's patients within community care.

In relation to objective 6 Fiona MacLean confirmed that Fiona Meedleman runs a clinic in Glasgow and would be happy to be involved in providing expertise in relation to Parkinson's disease. It was important that Parkinsons UK understood that they were not going to be able to have all the medicines they wanted and it would be a case of doing as well as possible with what is available.

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the Scottish Pharmacy Board External Relations Plan 2011.

11/09. Communications Update

Iain Brotchie provided an update on Communications by the Scotland Directorate. He confirmed that the dates for the next party conference season had been announced noting the clash between the Labour and Conservative conferences and the Scottish Pharmacy Conference. The stand would go to the Labour conference and an observer would go to the Conservative conference. Volunteers from the Board to attend the conferences were sought.

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the arrangements for the Spring 2011 Party Political Conferences.

Iain Brotchie outlined the steps that had been taken following the cancellation of the launch of the Manifesto at the Scottish Parliamentary reception due to the bad weather. He confirmed that it would have been a poor use of the Board's resources to hold a hurried reception in the New Year which would have delayed the launch and could have been disrupted by further bad winter weather. The Chairman endorsed the decision to cancel the reception. The manifesto has been sent to our key contacts, was launched by the Chairman in the PJ and Iain Brotchie had been engaging in meetings about the manifesto with each of the major political parties.

Scottish Pharmacy Board

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the launch of the Board's Manifesto.

Iain Brotchie explained that the Parliamentary Reception would take place in June after the elections. This would provide an opportunity to engage with the new MSPs of which there were likely to be many given boundary changes and

retirements. The date for the reception could not be fixed until after the elections on 5 May.

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the arrangements for a Parliamentary Reception.

Charles Willis made a presentation on anti-counterfeit medicines. He outlined the current European legislative position. He explained that the proposed European model for track and trace would not be effective in the UK because of the practice of snipping. Therefore lobbying was needed to ensure that any system that was put in place worked in accordance with GB wide practice and also produced other benefits such as accuracy checks for patient safety e.g. dosage and expiry dates etc. He proposed to start discussing with IT providers what could work so that the Society is shown to be a thought leader in this area. Concerns were expressed about who would own and manage the data collected by this process and there was consensus that it should not be the pharmaceutical companies but instead either the pharmacies themselves or the Government.

Scottish Pharmacy Board

approved

the recommendations in respect of anti-counterfeit medicines.

11/10. Scottish Pharmacy Board Business Plan 2010-2013

Alex MacKinnon confirmed that the Business Plan had been updated in terms of the Board's request for strategic objectives to be included in and around Supervision and Workforce Pressures. He also confirmed that in his view the objectives in relation to access to the electronic patient record and IM&T should be moved up to the strategic leadership group of objectives. The Board confirmed that there should be flexibility in the prioritisation of the Business Plan in recognition that these might alter in response to changing circumstances.

The plan prompted specific discussion on the issues arising from the implementation of the Chronic Medication Service. John Cromarty provided an update on the position in terms of the involvement of the Directors of Pharmacy. It was considered what the Board could realistically do to assist in what was a matter between Scottish Government and Community Pharmacy Scotland. Ideas such as production of checklists for Parkinson's patients to assist putting them onto the system were proposed. Coaching via the LPFs, webinars and emails was also considered. Helen Gordon endorsed the approach in identifying what action can be undertaken by the Society in this area which seems in this case to be around support and lobbying to ensure appropriate use of resources.

Scottish Pharmacy Board

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Scottish Pharmacy Board Business Plan 2010-2013.

11/11. Professional Empowerment

Alex MacKinnon explained that the move to include workforce pressures under the umbrella topic of professional empowerment ensured that the Boards engaged with members on all the related issues. Agreement was sought on a set of GB wide principles which would allow a work plan to be developed. In addition, a paper on Workforce Pressures which had already been circulated to the Board required Board comment by 28 January. There was discussion that the principles in these documents could not be disagreed with and were appropriate. A doctor would not accept an unacceptable workload and pharmacists should be no different. Equally, it recognised that pharmacists are professionals with professional responsibilities and duties to carry out. Support for and the responsibilities of whistleblowers was discussed and it was confirmed by Helen Gordon that employment law advice in this area was being looked at.

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1. The concept of a “professional empowerment” approach,
2. The principles that will underpin the RPS approach, and
3. The plan of activity for 2011.

11/12. Science and Research Update

The Board received an update from Dr Colin Cable, Pharmaceutical Sciences Information Advisor, on the science and research work that is being undertaken by the Society. This would be a regular update which would enable the Board to identify areas where it could receive support from the Science and Research team. Dr Cable explained that the team tried to ensure that there was a science evidence base to support the Society. A recent example of this was the work carried out in homeopathy which had seen significant coverage in the media. He outlined the setting up of a practice research database which would cover both published and unpublished work.

Dr Cable explained the Science team’s role included provision of support to members. It also provided support to the PR team in providing short bullet point messages for the media on complex issues. There was also a lot of work being carried out to embed relationships with pharmaceutical scientists which will bring significant expertise and knowledge sharing to the Society.

The Board thanked Dr Cable for his useful presentation which prompted discussion around the role of science in the profession. There was discussion about the benefits of being represented at the BOPA conference this year in Glasgow.

11/13. Scottish Pharmacy Board Representation

Derek Stewart was to update the Board on SIGN (psoriasis guideline development team) and the Walk the Talk Steering Group. Due to his absence this matter would be carried over to the next meeting

The Vice Chairman, Alistair Jack updated the Board on the Medicines Information Access Group which had now been renamed the Patients Access to Information about Medications Group. He had attended a horizon scanning event which looked at how social networking would be used both by patients and by colleagues consulting with one another. Alistair Jack recommended that the Society having fulfilled its remit on the Group should no longer send a representative to its meetings.

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the proposal to withdraw representation on the Patients Access to Information about Medications Group.

11/14. Local Practice Forums

Sara Fletcher, LPF Facilitator for Scotland, updated the Board on planned activity in the LPFs to support the drive for membership renewals. It was confirmed which LPFs had obtained core funding in 2010

Alex MacKinnon outlined the proposed approach to LPF funding for 2011. The Board was asked to approve the criteria for LPF funding post renewal. It was proposed to increase the amount that LPFs can have in their accounts and still be eligible for funding from £3,000 to £5,000. Further criteria related to securing appropriate levels of activity from the LPFs were also explained. Helen Gordon confirmed that an equitable approach between the Boards on funding would be necessary. The Chairman clarified that in relation to this it was a question of what was appropriate.

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the criteria for funding for the Scottish LPFs in 2011.

11/15. Medicines Distribution

Alex MacKinnon explained that following feedback from members and Board Members alerting the Scottish Directorate of increasing reports of community pharmacists encountering problems the Scottish Directorate carried out a survey of members to gauge the degree of impact of the adverse weather on the medicine distribution networks. Alex confirmed that there was an intention to have a quarterly survey to understand how the distribution networks were operating GB wide throughout the year.

Alex MacKinnon also confirmed that it is likely that a meeting will be held with CPS, ABPI Scotland and the Scottish Government to look at any chronic or

systematic failings. The focus of this work was very targeted and could not deliver a solution to the wider distribution problems which would need to be tackled at the UK and European levels. This issue would also be looked at by the Society at a GB wide level.

It was noted that because of the significant amounts of time that community pharmacists were now spending sourcing medicines that this also featured as a professional empowerment issue. The need for the Board to take a lead on such an important professional issue was agreed. Contingency plans needed to be put in place and blame should not be shifted to pharmacists.

Scottish Pharmacy Board

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the work planned on the medicines distribution issue.

11/16. Pharmacist Support Presentation

David Thomson, Chair of the Trustee Board of Pharmacist Support, provided a brief update on the work of Pharmacist Support. The Board noted with concern the increased support sought by younger members of the profession. This reinforced the need to plan action in and around professional empowerment. David Thomson confirmed that it could be made clear that members of the Society were automatically eligible for Pharmacist Support assistance.

11/17. Any Other Competent Business

Anne Boyter raised the Modernising Pharmacy Education Programme which fitted in with a number of the Board's work streams. Significant concerns were raised about the potential implication for the Scottish Schools of Pharmacy which as a result would have to cut from 250 to 170 places. Helen Gordon explained how the Society is working with the MPC with a member of English Pharmacy Board representing the Society before the MPC decides whether or not to go out to consultation on this proposal.

11/18. Date of Next Meeting

The date of the next meeting will be 13 April 2011.