

### **NATIONAL PHARMACY BOARDS' MEETING**

Minutes of the meeting held on Wednesday 23 June 2021 at 9.00am, by Zoom.

#### **English Pharmacy Board**

Thorrún Govind (TG) Chair, Martin Astbury (MA) Vice Chair, Claire Anderson (CA), Sibby Buckle (SB), David Carter (DC), Ciara Duffy (CD), Mary Evans (ME), Alisdair Jones (AJ), Michael Maguire (MM), Erutase (Tase) Oputu (TO), Duncan Petty (DP), Paul Summerfield (PS), Tracey Thornley (TT), Andre Yeung (AY)

#### **Scottish Pharmacy Board**

Andrew Carruthers (AC) Chair, Brian Addison (BA), W Iain Bishop (IB), Tamara Cairney (TC), Kathleen Cowle (KC), Omolola (Lola) Dabiri (OD), Lucy Dixon (LD), John McAnaw (JMCA), Jacqueline Sneddon (JS), Audrey Thompson (AT)

#### **Welsh Pharmacy Board**

Cheryl Way (CW) Chair, Ruth Mitchell (RM), Vice Chair, Elly Thomas (ET), Eleri Schiavone (ES), Helen Davies (HD), Gareth Hughes (GH), Dylan Jones (DJ), Richard Evans (RE), Geraldine McCaffery (GF)

#### **Invited Guests and observers:**

Bella Shah, President elect, BPSA, Alex Scarbro, PR Officer & Vice-President elect, BPSA.

Jatinder Harchowal, Chair of the Hospital Expert Advisory Group (from 11am)

Sunayana Shah, Chair of the Industrial Pharmacists' Forum, 6 RPS members observers attended

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## **RPS Staff**

Paul Bennett (PB) Chief Executive, Corrine Burns (CB) PJ Correspondent, Yvonne Dennington (YD) Business Manager England, Amandeep Doll (AD) Head of Professional Belonging, Gail Fleming (GF) Director of Education and Professional Development, Ross Gregory (RG) Head of External Relations Wales; Iwan Hughes (IH) Public Affairs and Policy Executive Wales. Elen Jones (EJ) Director for Wales, Jonathan Lloyd Jones (JLJ) Policy and Engagement Lead Wales; John Lunny (JL), Public Affairs Lead England, Luigi (Gino) Martini (GM) Chief Scientist, Clare Morrison (CM) Director for Scotland, Carolyn Rattray (CR) Business Manager Scotland, Helen Reilly (HR) Head of External Affairs, Ravi Sharma (RS) Director for England, Wing Tang (WT) Head of Support, Rachael Taylor (RTay), Support Officer, Robbie Turner (RT) (Director of Pharmacy and Member Experience, Cath Ward (CW) Business Manager Wales, Heidi Wright (HW) Practice and Policy Lead for England

<b>21/06/01.</b>	<b>Welcome and address from CEO.</b> Chair: EPB, Led by: Paul Bennett, Chief Executive.  Paul Bennett (PB) introduced himself and welcomed everyone to the meeting, extending a particular welcome to guests and observers. PB congratulated new Board Chairs, Vice-Chairs and members of the Assembly. PB apologised to observers to the Elections' meetings (22 June) who were kept waiting; this was due to the meeting in Wales taking longer than expected, which caused a delay in both England and Wales.  PB then went through the meeting etiquette and everyone was asked to introduce themselves.	
<b>21/06/02.</b>	<b>Apologies.</b> Chair: EPB, Led by: EPB.  Catriona Sinclair (SPB), Jamie Hayes (WPB), Sudhir Sehrawat (WPB).	
<b>21/0/03.</b>	<b>Declarations of interest.</b> Chair: EPB, Led by: EPB  (Items: 21.06/EPB/SPB/WPB/03). Amendments:	

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	<ul style="list-style-type: none"> <li>Tracey Thornley (EPB), extension of secondment to Variants of Concern programme (Joint Biosecurity Centre, part of T&amp;T, DHSC Programme).</li> <li>Duncan Petty (EPB), Adviser to a company, Core Prescribing Solutions and a Board member of the Yorkshire Health Alliance, GP Federation.</li> <li>Lucy Dixon (SPB), parents are retired pharmacists, sister-in-law is a hospital pharmacist, father-in-law is a retired GSK representative.</li> <li>Geraldine McCaffery (WPB), Employed by Betsi Cadwaladr University Health Board and Board member of Pharmacy delivering a Healthier Wales and a member of UKCPA.</li> <li>Elly Thomas (WPB), Partner in a GP practice in Pontypridd.</li> <li>Dylan Jones (WPB), Director of his independent Pharmacy (rather than an employee).</li> </ul>	<p>YD</p> <p>YD</p> <p>CR</p> <p>CW</p> <p>CW</p> <p>CW</p>
21/06/04.	<p><b>Minutes from the National Pharmacy Board meeting held on 3 February 2021.</b></p> <p>Chair: EPB, Led by: WPB</p> <p>(Item: 21.06/NPB/04). The minutes of the open business meeting held on Wednesday 3 February 2021 were agreed as an accurate record of the meeting.</p> <p>Approved by: Tracey Thornley and seconded by: Duncan Petty (EPB)</p> <p>Approved by: Brian Addison and seconded by: Kathleen Cowle (SPB)</p> <p>Approved by: Cheryl Way and seconded by: Dylan Jones (WPB)</p>	
21/06/05.	<p><b>Matters arising not specially included on the NPB Open Business Agenda and actions from previous meeting held on 3 February 2021.</b></p> <p>Chair: SPB, Led by: EPB</p> <p>Andre Yeung asked if the intention is to invite observers to have a phone call pre-board meetings to discuss papers. This is the intention and, indeed, was the case for this meeting; there were no requests for a call.</p> <p><u>21.07.02.1: Consideration to be given to collating a historical record of the pandemic.</u> There are two work streams working on this, led by Elen Jones (EJ), Director for Wales and Gino Martini. Elen reported that members had been asked for photos pertaining to the pandemic. Some had been received but looking for more. Nathan Wyburn, a Welsh artist, is working with the RPS to bring this</p>	

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	<p>together. Board members were asked to share any photos that they might have and also to promote to colleagues.</p> <p>The RPS Museum is also working on a record of the pandemic which will be uploaded to the newly launched museum web pages.</p> <p>(Item: 21.06.NPB/05). All other actions were closed.</p>	
<b>21/06/06.</b>	<p><b>Introduction of Chairs of the EAGs.</b> Chair: WPB, Led by: Country Directors (CDs)</p> <p>Clare Morrison (CM), Director for Scotland, provided some background and context. A number of expert advisory groups (EAGs) have already been set up and are functioning but it was recognised that there were gaps and so three new groups have been set up; these are Digital, Community and Primary Care. The purpose of the EAGs is to advise the national boards and to inform policy decisions. The quality and number of applications was 'overwhelming'; a rigorous recruitment process was adopted to ensure a balance of group members that represented the profession. Although membership of the groups has been agreed and members have accepted, it is hoped that those who weren't selected will take the opportunity to engage and communicate with each through the wider network opportunities that are being set up through RPS connect.</p> <p>Each of the EAGs will be supported by a country director and business manager, Primary Care to be supported by Ravi Sharma (RS), Community by Elen Jones (EJ) and Digital by Clare Morrison (CM). The first meetings to take place in July.</p> <p><u>Primary Care Expert Advisory Group (PCEAG).</u> Anne Thompson (AT), Chair of the PCEAG, introduced herself and provided some background about herself and her career. Anne has worked in Primary Care since 2007 and, in that time, has experienced a lot of change and feels that there is a lot more to come She is the Lead Pharmacist for Primary Care Clinical Services, NHS Greater Glasgow &amp; Clyde (GGC), delivering GP services. Anne has previously worked within hospital, community and rehabilitation at the interface; There are 14 health boards in Scotland, NHS GGC is the largest with 1.3m registered patients, across 233 GP practices, divided into 6 Health &amp; Social Care Partnerships and 41 Clusters (PCNs in England). She</p>	

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	<p>is a member of the Scottish Pharmacy Practice and Prescribing Advisers Association and, as part of this, leads a clinical pharmacy workstream.</p> <p>Anne is looking forward to working with the other members of the PCEAG to look at how to support the RPS and to consider how to deliver a UK approach to the delivery and integration of services including pathways of care.</p> <p>There was a concern about terminology, particularly around community and primary care; Robbie Turner (RT), Director of Pharmacy &amp; Member Experience, agreed that the renaming of the PCEAG should be considered but noted that the Primary Care has a wider remit than only GP practices.</p> <p>Need to ensure that pharmacy is linked in and involved with the Integrated Care Service (England specific) and also that community is included in prescribing practice.</p> <p><u>Community Pharmacy Expert Advisory Group (CPEAG).</u> Janice Perkins is Chair of the CPEAG. She has been a pharmacist for 38 years and is very passionate about the part that community pharmacy can play. Janice was, until recently, a pharmacy superintendent at Well Pharmacy and is involved with the PSNC. She is currently Chair of the Community Pharmacy Patient Safety Group, something she set up with NHS England in 2014. She is delighted to have the opportunity to be Chair of the CPEAG; she is keen to harness the skills and talents of a very diverse group and also link in with the Chairs of the other EAGs to ensure collective thinking. The plan for the group is to have an 'ice-breaker' session, mid July for group members to get to know each other and to share knowledge and experience; this meeting will be followed by a formal meeting towards the end of July.</p> <p><u>Digital Pharmacy Expert Advisory Group.</u> Darren Powell, Chair of the DPEAG, was not able to attend the meeting and so CM provided a brief introduction on his behalf. Darren is a Clinical Lead at NHS Digital and, as part of that role, delivers clinical governance oversight including clinical effectiveness, safety and benefits. Specifically, Darren is involved in the delivery of technologies on a national scale; including being the lead clinician at NHS Mail and a clinician on the electronic prescription service. Darren has also</p>	
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	<p>supported the summary care record programme and is also the CPPE programme guardian for the summary care record training modules and has wide connections over a number of networks.</p> <p>First meeting to take place on 7 July; one of the first matters to be considered will be the PRSB Community Pharmacy Standards.</p> <p>How will the EAGs work with the NPBs to move forward together? This to be considered at the National Board Chairs' Forum; date to be advised.</p> <p>The other EAGs are: Anti-microbial EAG, Industrial Pharmacy EAG, Early Careers Pharmacy EAG.</p> <p>There are also a number of committees and sub-committees formed at the behest of the RPS Assembly, these include: Education &amp; Standards Committee, Science &amp; Research Committee. All of the groups and committees are noted on the website.</p>	
21/06/07.	<p><b>Independent prescribing (IP).</b> Chair: SPB, Led by: Jonathan Lloyd Jones (JLJ), Policy and engagement lead, Wales / Elen Jones (EJ), Director for Wales.</p> <p>The National Pharmacy Board <b>noted</b> Item: 21.06/NPB/07. JLJ introduced the item on IP, providing a brief summary of work to date and thanking those who have already contributed. It was noted that IP sits firmly within the RPS vision: to put pharmacy at the forefront of healthcare. BMs are asked to consider:</p> <p><u>The Campaign approach – seeking input from BMs.</u></p> <ul style="list-style-type: none"> <li>• Pharmacists do not have read/write access to the summary care record; this is required in order to ensure effective and safe prescribing.</li> <li>• Pharmacists prescribe on paper, need the ability to prescribe electronically.</li> <li>• Concern that experienced pharmacists who are not prescribers will lose confidence and competence as there is a gap; Newly qualified pharmacists will be IP trained as part of their MPharm degree. EJ noted that the current policy document recognises the focus on early careers and also the current workforce; it is crucial that consideration is given to ensuring that</li> </ul>	

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	<p>the services are developed and also opportunities for experienced pharmacists to become IPs, a key policy ask already.</p> <ul style="list-style-type: none"><li>• Ensure that the pharmacy workforce is involved in the delivery of change and provides some of the solutions to ensure quality and patient safety. Although this is a GB piece of work, there are different dynamics in the three countries and so lobbying work in each country will be crucial. There is an opportunity to use RPS resources to ensure quality.</li><li>• Support for Designated Prescribing Practitioners (DPPs). BMs who can support the development of a DPP work stream to contact Gail Fleming directly. There was also a suggestion from a BM that the RPS holds a register of DPPs and that the register is made available to pharmacists applying to be IPs and who need a DPP; could be a USP for the RPS – to be considered.</li><li>• Support for community pharmacy to develop its capabilities and expand its services, particularly in such areas as long-term condition management.</li><li>• Support and guidance for prescribers to expand their scope and competence; BMs were informed that discussions are underway with Welsh Government to enable this work which will complement the existing RPS Competency Framework for all prescribers.</li><li>• Consider the advances in community pharmacy in Scotland and Wales; Research evidence into the prescribing work taking place. JLJ confirmed that this is happening in Wales.</li><li>• Clarification needed as to where increased funding for the MPharm degree will come from now that prescribing has been included in the curriculum.</li><li>• Ensure that governance and peer support structures are in place to support IPs in community pharmacy.</li><li>• Ensure that the managed sector is considered as well as community pharmacy. Gather evidence of good practice in the managed sector. This was agreed as a priority and EJ/JLJ to take back to the cross-directorate group to consider ways to improve support to the managed sector; Board members to support by providing evidence of good practice in this area. Underpinning structure should be a priority; access to the clinical record and EPS prescribing rights and access to the prescribing budgets.</li><li>• Early careers and education; BPSA question about those who are currently on the MPharm course but started before integration, need to consider how they will be able to do the IP course. GF replied that there is variation across the nations with the implementation plans in</li></ul>	
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	<p>Scotland and Wales more advanced than in England. This is under consideration and is to be addressed so that the IP course will be available to all at the earliest opportunity.</p> <ul style="list-style-type: none"><li>• Engage with the legislature as well as the health boards.</li><li>• Ensure that there is also training by medics who have a different perspective to pharmacy DPPs.</li><li>• Consideration required re: locums who, by the nature of their role, often get missed, e.g. peer support, access to records etc.</li><li>• Current workforce – biggest barrier to these pharmacists becoming IPs is funding and also capacity. Unless more funding is forthcoming and providers expand their capacity for training this will become more challenging.</li></ul> <p>All three Boards reflecting together on the individual country challenges adds a depth and substance to the discussions; working together means that more RPS resource can be made available than if working as individual boards.</p> <p>Board members were asked to consider the remaining questions 2 and 3 in the paper and to feedback to Elen Jones and Jon Lloyd-Jones.</p>	
<b>21/06/08.</b>	<p><b>Genomics and Personalised Medicines</b> Chair: EPB, Led by: Ravi Sharma, Director for England/Luigi Gino Martini, Chief Scientist.</p> <p>(Item: 21.06/SPB/08).</p> <p>RS briefly summarised the background and rationale for this item. He advised that Geonomics and Personalised Medicines was identified in the RPS 2021 Business Plan as a priority for raising awareness with the membership.</p> <p>Discussion with the board members and some of the comments made are: -</p> <ul style="list-style-type: none"><li>• There was general support that there is a need to look internationally at the evidence base on pharmacy role,.</li><li>• There is a need to build awareness and make a fundamental part of the MPHARM programme.</li></ul>	



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	<ul style="list-style-type: none"><li>• Board members asked what input CPhOs had made and it was confirmed that all three countries had initial discussions. Involvement in the policy element and networking element. England are slightly ahead with the development of an Professional Network for pharmacists involved in pharmacogenomics.</li><li>• There was a strong view that that Research needs to underpin this work. . This is something board members fully supported, noting that this could also include MHRA, Academia and Industry.</li><li>• Board members were asked to inform RS if they had an interest and/or expertise in this area to advise and support the work. Board members noted that there is expertise amongst board and that work should continue in collaboration with GM Chief Scientist, and the Science and Research Team in shaping and scoping the project.</li><li>• There was a concern raised about the capacity within the RPS teams as Geonomics is very wide ranging and should RPS focus on Pharmacogenomics.</li></ul> <p>In conclusion there was <b>agreement</b> the project should continue to progress as part of the National Pharmacy Boards Business Plan 2021.</p>	
21/06/09.	<p><b>Inclusion &amp; Diversity.</b> Chair: EPB, Led by: Amandeep Doll, Head of Professional Belonging/ Ravi Sharma, Director for England.</p> <p>National Pharmacy Board members <b>noted</b> paper 21.06/SPB/09.</p> <p>AD extended the invitation for board members, who hadn't already, to join the RPS ABCD group – links were circulated.</p> <p><b>RPS Inclusion and Wellbeing Pledge</b></p> <p>AD advised that the RPS Inclusion and Wellbeing Pledge had been finalised following various focus and reference groups, where people have shared their own experiences. To date 759 individuals, and 39 organisations have signed up to the Pledge.</p> <p>Discussion and comments were: -</p>	

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	<ul style="list-style-type: none"><li>• There was overwhelming support for the work around I&amp;D from the board members</li><li>• Challenges around how RPS will gauge the effect on people and the wider profession were expressed and what measures are in place to evidence any change. AD responded explaining that there are plans for level of engagement in different groups – RPS held a members’ survey in 2019 and this will be repeated in 2022 to see if anything has changed, and work is ongoing with the Research Team to demonstrate impact on the profession. There are a series of positive ‘impact’ case studies which are being collected and will be part of the evaluation.</li><li>• Question raised regarding RPS EDI Data collection progress. Data collection and analysis has been completed. Paper is being prepared for RPS Assembly and will be discussed in open business in July 2021.</li><li>• Leadership is crucial and it is vital that RPS challenges other organisations’ policies and standards to ensure that they are conforming – the RPS is having discussions with Heads of HR in organisations to see what difference has been made.</li><li>• Board members were concerned about social class characteristics being included in any impact assessment and AD advised that Social Economic background is embedded in the RPS Equality Impact Assessment process.</li><li>• It was noted that the recent Fellows announced were not inclusive of diversity and reflections should be made. Board members were informed that this issue will be discussed at the next Assembly meeting in open business.</li></ul> <p>The Chair asked if everyone at the meeting could sign up to the RPS Inclusion and Wellbeing Pledge during the lunch break and when returning to the meeting use the raised hand option to show this had been completed.</p>	
21/06/10.	<p><b>RPS Connect update.</b> Chair: WPB, Led by: Clare Morrison, Director for Scotland.</p> <p>National Pharmacy Board members <b>noted</b> paper 21.06/SPB/10.</p> <p>CM updated the new board members on the RPS Connect progress to date.</p>	

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	<p><b>Functionality</b></p> <p>CM advised that RPS is working with the designer at this time and shared a mock-up of what the site could look like.</p> <ul style="list-style-type: none"><li>• Post discussions – write a post and respond</li><li>• Topic and tagging for search functionality</li><li>• Discussion polls</li><li>• Groups open /closed</li><li>• Direct messaging and one to one support</li></ul> <p><b>Next Steps</b></p> <ul style="list-style-type: none"><li>• Early adopter sessions - National Boards, at least one RPS Local group, one expert advisory group and one career stage group. Others may be considered - full scale launch in Autumn</li><li>• Ongoing work on the platform</li><li>• Staff sessions</li></ul> <p>Discussion and comments from Board members as follows: -</p> <ul style="list-style-type: none"><li>• Full support for the RPS Connect from the board members and they are keen to be a part of the early adopter sessions</li><li>• Concern was raised about trolling and moderation of this – there are reporting processes and security measures to avoid this occurring and there are terms and conditions that need to be signed up to.</li><li>• There is a need to look after people and have the appropriate mechanisms to prevent this – transparency</li><li>• Board members supported the view that the Expert Advisory Groups could be hosted on RPS Connect</li><li>• It has not been defined whether there is scope for non-members to access RPS Connect</li><li>• Concerns about people who, for whatever reason, cannot use or access was raised – there will there be an equality impact assessment.</li></ul>	
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<b>21/06/11.</b>	<p><b>Items for noting.</b> Chair: SPB, Led by: Country Directors.</p> <p>The National Pharmacy Board members noted the following items and corresponding papers 21.06/NPB/11 (a) - (g).</p> <ul style="list-style-type: none"><li>(a) Science &amp; Research update</li><li>(b) Covid Response Team update</li><li>(c) Policy</li><li>(d) Public affairs</li><li>(e) Workforce wellbeing</li><li>(f) Education update</li></ul> <p>Board members functions and duties</p>	
<b>21/06/12.</b>	<p><b>Sustainability</b> Chair, Thorrun Govind, EPB, Led by EJ, Director for Wales</p> <p>The National Pharmacy Board members <b>noted</b> paper 21.06/NPB/12</p> <p>EJ thanked all those who had contributed to the workstream thus far. As an organisation RPS is investigating ways of decarbonising in terms of financial investments and procurement policies. She advised that Sustainability was identified as a priority area for the 20/21 RPS Business Planning. There is significant work ongoing in all three countries.</p> <p>The next session was divided into country breakout sessions for discussion and decision on Declaring a climate emergency, Policy and position statements and collaborating and sharing best practice.</p> <p>As a point of clarity regarding the final draft of the Declaration, it was noted that the Assembly will need to review the impact this could have on finances of the organisation.</p>	

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	<p><b><u>EPB Breakout Session</u></b></p> <p>TG confirmed that everyone had read the paper and the draft declaration that had been circulated in advance of the meeting. It is noted that the declaration was recirculated to those who had missed the email containing the declaration.</p> <p>The EPB were then asked for their reflections and comments on the paper and declaration and some of the comments made are:</p> <ul style="list-style-type: none"><li>• Seeking Assembly approval for any costs associated with this work was reiterated in this session as it had been raised in the plenary session at the beginning of this item – the first section of the declaration will need rewording to be mindful of this</li><li>• Assembly and the Finance and Investment committee are already considering ethics and sustainability with the RPS investment portfolio and the statement resonates with that.</li><li>• The statement must be backed up with tangible actions from the RPS, showcasing our activity – there is a workplan that supports the declaration</li><li>• Delivery and making it relevant to practice is important</li><li>• Use the work that FIP and Regional Medicines Optimisation Committees have already done in this area</li><li>• Work together with other areas of pharmacy eg NHS procurement, manufacturing and industry, to bring them on the journey with us</li><li>• Need to consider how we measure the impact we are having</li><li>• Volunteers from the board to put themselves forward to RS.</li></ul> <p>TG thanked everyone for their input and rich discussion. It is evident that there is support for the concept but that more work needs to be done on the declaration and needs to be discussed by the Assembly for further review. The EPB cannot agree to the declaration in its present form.</p> <p><b><u>SPB Breakout Session.</u></b></p> <p>CM confirmed that everyone had read the paper and the draft declaration that had been circulated in advance of the meeting.</p>	
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	<p>The SPB was asked for their reflections and comments on the paper, declaration and three questions.</p> <p><b>1. Finalise and approve the climate emergency declaration including our commitments.</b></p> <ul style="list-style-type: none"><li>• The Board supports the climate emergency declaration but with the caveat around and awareness of the financial impact.</li><li>• Involvement of specialist groups.</li><li>• RPS should highlight best practice – this should be a ‘spotlight’ on all pharmacists (members and non-members).</li></ul> <p><b>2. Setting up a virtual sustainability policy group</b></p> <ul style="list-style-type: none"><li>• The SPB supported the setting up of a virtual sustainability policy group.</li><li>• At least two representatives from each Board. It was agreed that <b>Lucy Dixon</b> should lead and <b>Audrey Thompson</b> will also represent the SPB on this group.</li><li>• As part of the policy, look at extended recycling (Councils), example of recycling inhalers.</li></ul> <p><b>3. Creating a hub using the RPS Connect digital solution</b></p> <p>The SPB supports the use of an RPS Connect hub to share best practice. Examples of content could be:</p> <ul style="list-style-type: none"><li>• Digital solutions for meetings.</li><li>• Influencing policy makers for frictionless solutions.</li><li>• COP26.</li><li>• Medicines waste - processes across all settings to limit the amount of wastage.</li><li>• Highlight best practice – this should be a ‘spotlight’ on all pharmacists (members and non-members).</li><li>• Use and management of paper-based resources.</li></ul>	
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	<p>Other comments included:</p> <ul style="list-style-type: none"><li>• COP26 Conference in Glasgow, how can the RPS Sustainability work capitalise on this? 100 days of hope campaign in the Glasgow Herald in the lead up to COP26. RPS has signed up to this and so will have an interview where best practice, issues and case studies in pharmacy can be highlighted. A '100 Days of Hope' declaration will be taken to the conference; RPS will be a signatory.</li></ul> <p><b><u>WPB Breakout Session</u></b></p> <p>EJ asked if everyone had seen the latest version of the Declaration paper.</p> <p>WPB comments on the paper and declaration made are: -</p> <ul style="list-style-type: none"><li>• WPB entirely support the Sustainability agenda</li><li>• In the light of the comments raised in the plenary session about seeking Assembly approval for any costs associated with this work, rewording the declaration to reflect this</li><li>• Support the hub approach in sharing best practice – create links with Pharms Companies</li><li>• Need to engage and involve younger members as this is their future</li><li>• Green Health Wales launch is scheduled 29<sup>th</sup> June connect and share learning across Wales to transform Health and Social Care to become climate smart</li><li>• Local Health Board are piloting social prescribing, which is also happening in some of the Bevan Projects – connect with this</li><li>• There is an appetite from patients to re-establish recycling medicines via the pharmacies - can we investigate this</li><li>• RM and ES volunteered from WPB to assist GB with this work</li></ul> <p>EJ thanked everyone for their input and discussion. There is full support for sustainability. More work is needed on the declaration to strengthen and to take account of associated costs.</p>	
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	<p><b><u>Plenary Session</u></b></p> <p>TG reported back to Board members that the EPB supported sustainability, but more work needs to be done on the Declaration and suggests presenting to Assembly for review. Metrics also need to be included to evaluate the tangible impact. EPB is happy to input into the policy work. CW reported back to the main session that WPB were fully supportive of the Sustainability agenda. Recognise that the declaration needs rewording. Patients would like pharmacies to recycle Medicines, and there is a need to involve younger people. WPB would like to input into the policy work. The SPB supports the climate emergency declaration but with the caveat around and awareness of the financial impact; SPB also supports the establishment of a virtual Sustainability Policy Group; would like to highlight work already being done to address climate change by pharmacists and also recycling of medicines.</p> <p>In conclusion there are three main areas that require further action before this can be finalised.</p> <ul style="list-style-type: none"><li>• Strengthen and rewording of the declaration</li><li>• Shape the policy</li><li>• Liaise with RR and PB regarding the financial and procurement connotations</li></ul>	
21/06/13.	<p><b>Any other business</b></p> <p>Pharmacy Board members should inform their respective Chair, Country Director or Business Manager in writing at least 48 hours before the meeting of any matter that is to be raised under Any other Business.</p> <p>One item was raised within this timeframe by DP (EPB) regarding the RPS statement on Covid Vaccinations and the potential to be mandatory.</p> <p>In England there appears to be political motivation to make vaccination of patient facing healthcare professionals mandatory.</p> <p>There was some discussion about the current policy statement:</p> <ul style="list-style-type: none"><li>• not being strong enough and not focusing on ethical duty.</li></ul>	



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	<ul style="list-style-type: none"><li>• Others thought the statement was strong enough and does not need reviewing.</li><li>• Comments on being ethically indefensible if a healthcare professional is unvaccinated and spreads the disease were raised.</li><li>• There is current precedent for healthcare professionals to have mandatory vaccinations for other diseases in some patient facing roles.</li><li>• Others thought that it could set a precedent making it mandatory, the issue has never been raised for flu for instance.</li><li>• If a healthcare professional chooses not to be vaccinated they should have an ethical duty to declare it.</li><li>• No political appetite Scottish or Welsh Governments to follow English Government approach</li><li>• Bear in mind that the RPS lobbied to have pharmacists and their teams included in the initial roll out of vaccinations for healthcare professionals.</li></ul> <p><b>Action:</b> It was decided to keep a watching brief on this issue via the CRT internal group as it may not come to fruition by the English Government and if necessary will revisit at the National Board Meeting in September. The RPS plans to engage with members to find out their views.</p> <p>It is important that the organisation comes to a unified professional point of view on this issue, it is not practical to have conflicting views across the countries.</p> <p>The National Pharmacy Boards agreed that the statement is to remain in place for the time being pending consultation with members once a Westminster Government consultation is released on this issue.</p>	
21/06/14.	<p><b>Dates of next NPB meetings:</b></p> <p>Joint board meeting – 23 September 2021</p> <p><b>(Note:</b></p> <ul style="list-style-type: none"><li>• EPB – there is an option for an additional board day if required)</li><li>• SPB and WPB have the option for 1 additional working days)</li></ul>	

Meeting closed at: 13.55pm

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**Action list:**

<b>Item no</b>	<b>Action</b>	<b>By whom</b>	<b>By when</b>
<b>21/06/03</b>	Update declarations of interest as noted in minutes	Business Managers	June 2021
<b>21/06/05</b>	BM's to share photos from the pandemic and also to ask their colleagues to share.	Elen Jones	25 June 2021
<b>21/06/06</b>	<u>Expert Advisory Groups.</u> <ul style="list-style-type: none"><li>• Reconsider the name of the Primary Care Group so that it reflects more accurately its focus.</li><li>• Consider how NPBs &amp; EAGs will work together. Take to NBCF for consideration at next meeting</li></ul>	Robbie Turner  Robbie Turner	July 2021  Date TBC
<b>21/06/07</b>	<u>Independent Prescribing.</u> <ul style="list-style-type: none"><li>• Designated Prescribing Practitioners – BM's who can support this work to contact GF directly.</li><li>• Managed sector - EJ/JLJ to take back to the cross-directorate group to consider ways to improve support to the managed sector</li><li>• Board members to support by providing evidence of good practice in this area.</li><li>• Board members were asked to consider the remaining two questions and to feedback to Elen Jones and Jon Lloyd-Jones.</li></ul>	Gail Fleming/Board members  Elen Jones/Jon Lloyd-Jones  Board members  Board members	7 July 2021  July 2021  July 2021  July 2021
<b>21/06/12</b>	Sustainability declaration and policy <ul style="list-style-type: none"><li>• Strengthen and rewording of the declaration</li><li>• Shape the policy</li></ul>	Lead by EJ liaising with NPB.	July 2021

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	<ul style="list-style-type: none"><li>• Liaise with RR and PB regarding the financial and procurement connotations</li></ul>		
<b>21/06/13.</b>	AOB: Mandatory vaccinations for health care professionals – keep watching brief and revisit if necessary at the September 21 NPB meeting. RPS to engage with members to find out their views	CRT team	Sept 2021

UNAPPROVED