

SCOTTISH PHARMACY BOARD MEETING

Minutes of the meeting held on Wednesday 4 July 2018, at Holyrood Park House, 106 Holyrood Road, Edinburgh EH8 8AS.

PUBLIC BUSINESS

Present

Mr Ewan Black (EB)

Dr Anne Boyter (ACB)

Mr Jonathan Burton (JB) (Vice-Chair)

Mr Alasdair Macintyre (AM)

Dr John McAnaw (Chair)

Dr Ailsa Power (AP)

Mrs Deborah Stafford (DS)

In attendance:

Aileen Bryson (ABr), Deputy Director and Scottish Practice and Policy Lead, Alex MacKinnon (AMK), Director for Scotland, Susanne Cameron-Nielsen (SCN), Head of External Relations, Dawn Ferguson (DF), Business Support Assistant, Annamarie McGregor (AMcG), Practice Development Lead, Carolyn Rattray (CR), Business Manager, Boyana Atanasova (BA), Digital Communications Executive, Christopher John (CJ), Head of Workforce Development, Corrinne Burns (CB), RPS Correspondent and Carolyn Chai (Student Placement – Strathclyde).

It was intended that Paul Bennett (PB), Chief Executive, and Ashok Soni (AS), RPS President, would join the meeting by video-conference but, because of IT issues, were unable to participate.

18/04/01.	<p>Welcome and introductions</p> <p>The Chair welcomed everyone to the meeting, in particular, Carolyn Chai, a student placement from Strathclyde and also an RPS Student Champion, Corrinne Burns (CB), RPS Correspondent who joined the meeting by video-conference and Christopher John (CJ), Head of Workforce Development.</p>	
18/07/02.	<p>Apologies</p> <p>Apologies were received from Kathleen Cowle (KC) and Johnathan Laird (JL).</p>	
18/07/03.	<p>Declarations of interest</p> <p>Amendments to Board Members' (BM) Declarations of Interest:</p> <p><u>Alasdair Macintyre</u> Member of the RPS Finance & Investment Committee and the RPS Supervision Working Group</p> <p><u>Jonathan Burton</u> Member of the SIGN Council for Urinary Tract Infections (UTIs)</p> <p>Action: Board Members were asked to email CR with updates Action: CR to update the declarations of interest accordingly to reflect the changes.</p>	BMs CR
18/07/04.	<p>Minutes of the SPB Public Business meeting held on Wednesday 25 April 2018</p> <p>The Scottish Pharmacy Board</p> <p>accepted as a true and accurate record</p> <p>the minutes of the Scottish Pharmacy Board Public Business meeting, held on Wednesday 25 April 2018 (18.07/SPB/04).</p>	

18/07/05.	<p>Matters arising</p> <p><u>Patient Consent (18/04/05).</u> This is a 'work in progress'. Alasdair Macintyre (AM) is to lead a short life working group (SLWG) on Patient Consent. ABr / AM to provide a report at the September 2018 SPB meeting.</p> <p>Action: AM / ABr to provide a progress report on the work of the SLWG on Patient Consent at the September 2018 SPB meeting.</p> <p><u>Hospital standards (18/04/05).</u> Item covered in agenda item: 18/07/12.</p> <p><u>FIP 2018 (18/04/06).</u> AMK has made arrangements with four community pharmacies in Glasgow for FIP delegates to visit. Similar arrangements are being progressed with Strathclyde School of Pharmacy for academic visits and also the Queen Elizabeth Hospital for hospital pharmacist delegates. Dr Anne Boyter (ACB) agreed to follow up on the letter, sent at the beginning of May, to the Head of Institute at Strathclyde, Professor Robin Plevin. AMK to facilitate the arrangements for academic visits to Strathclyde with ACB, Maeve O'Leary and Hanna Jenvey (RPS FIP Event organisers).</p> <p>Action: ACB to follow up on the letter, sent to Professor Robin Plevin, re: FIP delegate visits. Action: AMK to facilitate the arrangements for academic visits to Strathclyde with ACB, Maeve O'Leary and Hanna Jenvey.</p> <p><u>RPS Local (18/04/08).</u> AMK noted that it had proved 'impossible' to analyse the number of conversions to membership as a result of RPS Local events, although AMG was able to confirm that there had been at least one conversion in Scotland.</p> <p><u>GP Pharmacist – Top Tips (18/04/10).</u></p> <ul style="list-style-type: none"> • ABr to consider the suggestions made by BMs and amend to reflect the discussion held at the April SPB meeting. ABr confirmed that this action was 'still open and a work in progress'. • The RPS President (ASo) to contact Zubin Austin (ZA) for presentation that he gave at the RPS Conference in 2016; ASo was unable to update the SPB because of IT issues. AMK to follow up with ASo outwith the meeting and report back to BMs. 	<p>AM / ABr</p> <p>ACB AMK</p> <p>ABr AMK</p>
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	<p>To date, 2,203 delegates have registered from all over the world and it is anticipated that the final figure will be between 4,000 and 4,500. A record number of 933 poster abstracts have been submitted including 176 from the UK. The Chief Pharmaceutical Officers' (CPhO) International Summit, hosted by the RPS, is progressing well; this event will take place on Friday 31 August.</p> <p>It was confirmed that the FIP Council Dinner is to be held in the Kelvingrove Museum and Art Gallery, Glasgow.</p> <p>There has been excellent feedback from FIP around the work that the RPS and the Host Committee have carried out.</p> <p>Action: AMK to circulate the updated paper.</p>	AMK
18/07/07.	<p>Scottish Pharmacy Board Business Plan for 2018 (SPB BP 2018)</p> <p>AMK provided BMs with a brief update on the SPB BP 2018, highlighting a number of areas:</p> <p><u>Technology:</u></p> <ul style="list-style-type: none"> • Box is now being fully utilised by all staff. • New telephony (Skype for Business) is to be introduced – July / August 2018. • Video-conferencing – issues still to be resolved. • Scotland is to keep its RPS Scotland brand for social media 'and all matters Scottish'. <p><u>Revalidation:</u></p> <ul style="list-style-type: none"> • There have been 12 RPS Local revalidation events (one in each of the health board areas); these events have been well received and feedback has been very positive. <p><u>Influence:</u></p> <ul style="list-style-type: none"> • ABr has provided input to the work of the Workforce Commission. • The RPS position on the rescheduling of Cannabis has been submitted to Westminster; the RPS recommending to the UK government that cannabis should be moved from Schedule 1 to Schedule 2 of the Misuse of Drugs Regulations 2001. • The Responsible Pharmacist / Superintendent Pharmacist consultation is being considered. BMs views to be forwarded to ABr by 11 July 2018. • Plans are being developed to hold a multidisciplinary event in the Scottish Parliament. 	

	<ul style="list-style-type: none"> Protected Learning Time (PLT) – RPSiS was invited to respond to a consultation on PLT; the report, published on 2 July, recommended that all health boards adopt statutory PLT. An SLWG is required to consider how this will look. BMs to let CR know if they can be on SLWG – JB and AP volunteered immediately. Meetings between AMK and individual DoPs are being organised; the purpose of which will be to gain support for RPSiS work streams. <p><u>Brand:</u></p> <ul style="list-style-type: none"> SCN and BA have been involved with the implementation of the new RPS brand process; BA is to be an RPS Brand ‘Guardian’. A review of all RPS marketing items is being undertaken as these will have to be rebranded. <p><u>Engagement:</u></p> <ul style="list-style-type: none"> The reach of social media has increased exponentially; the original target of a 5% increase from 2017 Q1 to 2018 Q1 has been far exceeded. At the end of its first year, RPS Local has delivered 36 events, achieving 787 attendees. It has been agreed that the RPS in Scotland can retain its RPS Scotland identity for social media. <p><u>People:</u></p> <ul style="list-style-type: none"> An employee mentoring scheme has been developed; the scheme encompasses the whole organisation, i.e. Pharmaceutical Press (Pharm Press) and the Professional Leadership Body (PLB). A senior leadership group has been established; this group is working on various projects including: well-being, corporate social responsibility, international engagement and education and professional development. <p>Action: Other BMs, apart from AP and JB, to consider volunteering for SLWG on PLT – BMs to advise CR.</p>	BMs / CR
<p>18/07/08</p>	<p>Access to records</p> <p>AMK provided a brief update on the RPSiS work stream around Access to Records. Activities are ongoing; need to get a meeting with the new Minister. Need to be positive and also succinct. It is on the agenda for meeting with RMP on 16 July.</p>	

	<p>There is the potential for RPS to lead a multidisciplinary summit to garner further support for our call for access to records. English and Welsh colleagues should be approached to share their experience of records access to add to the evidence base.</p>	
18/07/09.	<p>RPS Local</p> <p>AMcG reported on the roll-out of RPS Local and thanked BMs for supporting these events. She also provided an update on the events so far.</p> <p>AMcG asked BMs for guidance as to whether RPS Local events should be 'open' or 'closed' noting that, historically, most LPF events were 'open' with an exception being careers events.</p> <p>During the year 1 pilot of RPS Local, one core event was member only (revalidation) plus 2 career events. One was multidisciplinary. It was agreed that the proportion of member only events should be increased over the coming year.</p> <p>It is envisaged that the new GDPR regulations will bring challenges, making it more difficult to attract non-members. SCN suggested that events could be promoted through the <i>Scottish Pharmacist</i> magazine.</p> <p>BMs had varying views and were as noted below:</p> <ul style="list-style-type: none"> • AP – most events should be 'closed' as need to demonstrate 'benefit to members'. • AM – 'open' events could attract pharmacists into membership; it was also noted that NHS Boards will often only promote 'open' events. • JB suggested that there needs to be a balance but was in favour of support staff being able to attend events. <p>AMK assured BMs that sufficient budget will be made available to allow the RPS Local Coordinators to deliver planned events themselves; although the majority of events will be 'live' events, the use of digital, i.e. podcasts, etc. will become increasingly important, reaching out to the remote and rural areas and also removing the costs incurred through hiring of venues, etc.</p> <p>BMs were asked for final comments:</p>	

	<ul style="list-style-type: none"> • AP noted 'that the number of events achieved has been amazing with the resource available'. • JB suggested that 'the impact versus the cost of events has been very positive and would like the budget doubled'. He continued: 'when you can see local impact, it is very heartening'. • EB asked about the marketing of RPS Local events and whether non-member attendees are known and contacted post-event. AMcG confirmed that how this could be achieved would be considered. 	
18/07/10.	<p>Mental Health</p> <p>AMcG provided a brief summary of the English Pharmacy Board's Mental Health campaign. The Report, from the campaign, was launched recently at Westminster. AMcG presented the report to the Specialist Group (SIG) for Mental Health. The SIG was very positive about both the report and the approach and is keen to support a similar Mental Health Campaign in Scotland.</p> <p>There was concern that another campaign might impact on the team and its current work streams. BMs were reassured that the workload won't be too significant with the plan being for most of the work to be taken forward in Q1 and Q2 of 2019. Between now and then, the SIG will identify case studies and the Scottish team will consider patient groups to contact. AMcG noted that the RPS has an existing toolkit that could be 'revamped'.</p> <p>The English approach, i.e. a summit, followed by a report and then policy has proved very successful in terms of profile, funding, etc.</p> <p>AM noted that now is an opportune time for such a campaign as the Scottish Government has recently appointed Claire Haughey, a mental health nurse, as Minister for Mental Health; her son is a pharmacy student.</p> <p>SCN suggested that the Campaign could be linked with RPS Local as part of the SPB BP 2019 and it was agreed that the mental health of pharmacists should be considered as part of the Campaign.</p> <p>JB suggested we may take a 'care bundles' approach to the campaign, similar to NSAID advice, so patient facing pharmacists can have something practical to use when helping patients who are taking antidepressants for example.</p>	

	<p>ABr referred to Norman Lannigan’s presentation from the previous day, noting that the Scottish Team was already undertaking much of what had been presented and was included in either the SPB Manifesto 2016 or in policy; the RPS ‘needs to ‘shout loud and proud about it’ and to consider how to bring some of this to implementation</p> <p><u>RCGP / RPS Joint Statements</u>: BMs were asked to consider the benefits of producing joint statements with other HCPs or whether such statements should be on behalf of pharmacy only.</p> <p>BMs discussed this matter:</p> <p>JB stated that that there are occasions when joint working is appropriate but he had attended a recent RCGP/RPS meeting where it had been evident that there are notable flashpoints, for example, over medicines shortages. ABr referred to a recent briefing on medicines shortages, which was submitted to the Scottish Parliament. This matter has now been forwarded to the Professional Leadership Forum (PLF) as it is a central RPS activity which will require further input. ABr noted that an occasion where it would be appropriate to work jointly with RCGP would be around the production of an interface tool which supports GP pharmacists working more closely with community pharmacists.</p> <p>AMK suggested that, although, there are many positives to working jointly there is a danger that, in some instances, the impact could be diluted.</p> <p>SCN suggested that there are some key questions to explore when considering whether to work jointly. SCN will include these key questions in her handover notes.</p> <p>Action: SCN to include key questions to consider in her handover notes.</p> <p>The Scottish Pharmacy Board</p> <p>noted</p> <p>the Policy and consultations’ update.</p> <p style="text-align: center;">*****</p> <p><u>Patient Consent.</u></p>	<p>SCN</p>
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	<p>Covered in matters arising.</p> <p style="text-align: center;">*****</p> <p><u>Independent prescribing (18.07/SPB/11(i)).</u></p> <p>BMs were asked to feedback any final comments to ABr by Friday 6 July 2018.</p> <p style="text-align: center;">*****</p> <p><u>Cannabis policy statement (18.07/SPB/11(ii))</u></p> <p>The Scottish Pharmacy Board</p> <p style="text-align: center;">noted</p> <p>the cannabis policy statement.</p> <p>Action: BMs to feedback any final comments to ABr on the IP policy.</p>	<p>BMs / ABr</p>
<p>18/07/12.</p>	<p>Hospital Standards</p> <p>AMcG provided a brief update on progress of the enablement of the Hospital Standards. Progress has been made by the Network of Acute Pharmacists group who are currently sharing best practice in relation the domains within the standards. The NAPs have confirmed that they would not extend this work into the other areas covered by the standards, i.e. mental health, hospices etc. the RPS team will need to undertake this work. It was agreed that September 2018 would be too soon for representatives from the NAPs Group to update the SPB and that this should be moved to the January 2019 SPB meeting.</p> <p>DS asked whether the latest list of Clinical Fellows had been published and whether there was a hospital Fellow amongst them who could provide valuable input into the Hospital Standards, particularly around such issues as 7-day working. It was agreed that, once the latest Fellows have been announced and if there is a Hospital Fellow amongst them, they should be invited to a future Board meeting.</p>	

	Action: AMK / CR to invite reps from NAPs Group to the January 2019 SPB meeting.	AMK / CR
18/07/13.	<p>‘Role of the Pharmacist’ report</p> <p>Christopher John (CJ), Head of Workforce Development, provided an update on the workforce planning consultation and report</p> <p>CJ advised that all comments and suggestions from his previous update to the NPBs (April 2018) had been taken on board and woven into the final report which has now been circulated to all BMs.</p> <p>The initial idea behind creating a core role statement was to ensure clarity around the attributes and abilities required to be a registered pharmacist. These attributes and abilities include: person-centred care, accessibility, evidence based practice, pharmaceutical care etc. (all underpinned by science).</p> <p>The GPhC will be consulting on the initial education and training standards for pharmacists by the end of the year. It is thought unlikely that prescribing will be a core role, but will continue to be an extended role. The RPS work is therefore timely as the GPhC have reported that some schools of pharmacy are ‘struggling to articulate a vision for what the pharmacist of the future would be’ and that it is ‘important to identify and agree the core function of the pharmacist and the role in the teams they work in’.</p> <p>CJ reported that there were 86 responses to the consultation. Of the responses, 23 were from organisations including: NES; CPS and Royal College of Physicians (Edinburgh). Although 70% of respondents broadly agreed with the statement on the role of the pharmacist, it is clear that a separate, more user-friendly version needs to be produced for public use.</p> <p>Members of the SPB commended the report and suggested that a strong patient/public output was required. It was also recommended that links be made to the Brand work, Team Scotland’s work promoting pharmacists, Achieving Excellence in Pharmaceutical Care, the Quality Improvement in Pharmacy Practice work and careers events.</p>	

	<p>Very good organisational response to the consultation – multidisciplinary. Needs to be rewritten for the public and distilled further.</p> <p>Next steps:</p> <ul style="list-style-type: none">• Agree the statement as it stands or create core statements for each section.• Also, it is clear, based on comments that clarity is required around extended and advanced roles.• Identify and agree what the core role of the pharmacist is. <p>BMs were invited to comment:</p> <p>JB asked how it is anticipated that the statement will be used; he noted that a statement, produced by the medics proved invaluable when considering workforce planning. JB was keen that the statement should be finalised ahead of GPhC's Learning and Training Consultation as he felt it would add clarity and would help inform any responses. It was agreed by all that the statement would need to be tailored to different audiences.</p> <p>It was agreed that the Society should be promoting pharmacists as pharmacists rather than as advanced pharmacists which can lend itself to 'silo working'. AM noted that, at the recent Supervision working group, there was consensus that there shouldn't be differentiation and that clarity re: purpose is essential, particularly, in the eyes of the public.</p> <p>DS noted that the report demonstrates that, even with the diversity of work, there is a core value that all pharmacists have. It was agreed that there is a need to promote pharmacists rather than all the titles which mean nothing to the public.</p> <p>AMK thanked CJ for this important piece of work. He noted that, at the RPS Conference, the CPhOs agreed to establish a Quality Collaborative in each country; Scotland has a multidisciplinary collaborative already established and Wales is keen to set one up. It is hoped that the same will happen in England and ultimately an over-arching GB collaborative should be established.</p> <p>Timelines were discussed and CJ confirmed that the intention is for an agreed distilled statement to be finalised in time for the FIP 2018 Congress.</p>	
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	<p>CJ noted that the patient and public work will be longer term; BMs were to be involved in this. CJ noted that he would 'do the legwork' but would welcome feedback and comments.</p> <p>The Chair thanked CJ for his presentation.</p> <p>Action: Revise the statement (with SPB member input) – this would mean seeking volunteers to be involved (by September if possible); Action: Create a public-facing statement (by end of 2018).</p>	<p>CJ</p> <p>CJ</p>
<p>18/07/14.</p>	<p>External relations</p> <p><u>Social media (18.07/SPB/14(i)):</u> Boyana Atanasova (BA), Digital Communications Executive gave a brief overview on social media:</p> <p>In Q2 of 2018:</p> <ul style="list-style-type: none"> • RPSiS tweets have received a total of 79,900 impressions. • RPSiS has gained 102 new followers; an average of two new followers each day. • Top individual Tweet in Q2 earned approximately 4,951 impressions; it highlighted the important role that pharmacists play in diabetes prevention and treatment. • 437 followers on RPSiS Facebook account. • The most successful Facebook post in Q2 was seen by 951 people and received 87 reactions, comments and shares. <p>BMs were asked to tweet during Board meetings going forward using the hashtag: #RPSScotBoard.</p> <p>BMs were advised that, at the end of each Board meeting, a video summary would be produced with a BM providing a summary of key messages. JMCA agreed to present the first video but that the intention is for a different BM to present each time; this will help to raise BM profiles.</p> <p>The Scottish Pharmacy Board</p> <p>noted</p> <p>the Social Media update (18.07/SPB/14(i)).</p>	

	<p><u>Draft poster (18.07/SPB/14(ii)).</u> Susanne Cameron-Neilsen (SCN), Head of External Relations, gave a brief summary of work to date on the Draft poster. Feedback has been taken on board and is reflected in the poster. The Campaign's hashtag is #talktopharmacy. The poster has been taken back to basics, is less complex and has fewer words. BMs agreed that the message is now much clearer.</p> <p>The next step is for the designer to make the draft poster align to the new brand; this will be bolder and will raise the RPS profile in pharmacies and GP practices. BMs asked for the hashtag to be more prominent as the intention is to promote engagement. It was agreed that all the correct permissions should be in place and that access to the 'multiples' should be via the Company Chemists Association (CCA). It was agreed that SCN should forward the finalised poster to AM so that it can be taken to the CPS Board for endorsement.</p> <p>SCN noted that the poster is the start of the story; a page in the Scottish Pharmacist will expand on the conversation as will various blog articles.</p> <p><u>NHS@70.</u> BMs were then filmed celebrating the NHS@70.</p> <p>The Scottish Pharmacy Board</p> <p style="text-align: center;">approved</p> <p>the draft poster for the #talktopharmacy campaign.</p> <p>Action: SCN to forward the final poster to AM so that he can take it to the CPS Board for endorsement.</p>	SCN
18/07/15.	<p>Chair and Vice-Chair's report</p> <p>SCN asked to be given advance notice so that the report can be promoted on social media.</p> <p>The Scottish Pharmacy Board</p>	

	<p style="text-align: center;">noted</p> <p>the Chair and Vice-Chair's report (18.04/SPB/15).</p>	
18/07/16.	<p>Key messages</p> <p>The Scottish Pharmacy Board</p> <p style="text-align: center;">agreed</p> <p>the following key messages:</p> <ul style="list-style-type: none"> • Agreement to launch a campaign around mental health. • Modelling protected learning time. • Sign off on the poster for the #talktopharmacy campaign. 	
18/07/17.	<p>Any other competent business</p> <p><u>The dilemma of pharmacist prescribers prescribing Botox.</u> Ailsa Power (AP) raised this item as she had been asked by an RPS member for the Society's view on pharmacists prescribing Botox and other fillers and whether the RPS has an official view on this.</p> <p>AMK noted that if this practice is carried out within a pharmacy, it would fall within the remit of the GPhC and if the practice is carried out in any other location then it would be covered by Health Improvement Scotland. AMK to explore this matter with RPS colleagues and revert back to AP.</p> <p>ABr noted that a statement exists around access to training which asserts that the practice of prescribing fillers, etc. does not fall within the core role of the pharmacist and so the RPS does not proactively support this practice although there is recognition that if a pharmacist completes the required course then it would be acceptable.</p> <p>Action: AMK to explore the matter of pharmacists prescribing Botox and fillers with RPS colleagues and revert back to AP.</p>	AMK

	<p>Action: ABr to forward statement to Board Members</p> <p><u>Susanne Cameron-Nielsen (SCN).</u> AMK thanked SCN, on behalf of the team and the SPB for the huge and unstinting contribution that she has made to the work of the RPSiS over the last 4 ½ years; raising the Society's profile with politicians, stakeholders and the public. AMK noted that SCN 'has brought a unique dynamic to the organisation'. SCN is moving to Children's Hospices Across Scotland as Associate Director for External Affairs.</p>	ABr
18/04/18.	<p>Date of next meeting SPB Board Day: Wednesday, 26 September 2018.</p>	

The meeting closed at: 14:40.