

## SCOTTISH PHARMACY BOARD MEETING

Minutes of the meeting held on Wednesday 23 September 2021, by Zoom.

### Present

Andrew Carruthers (AC) Chair, Kathleen Cowle (KC) Vice Chair, William (Iain) Bishop (IB), Omolola (Lola) Dabiri (OD), Lucy Dixon (LD), John McAnaw (JM), Catriona Sinclair (CS), Jacqueline Sneddon (JS), Audrey Thompson (AT).

### RPS Staff

Paul Bennett (PB) Chief Executive, Claire Anderson (CA) President, Corrine Burns (CB) PJ Correspondent, Clare Morrison (CM) Director for Scotland, Carolyn Rattray (CR) Business Manager, Scotland, Helen Reilly (HR) Head of External Affairs and Laura Wilson (LW).

### Guests

Professor Alison Strath, (CPhO) Chief Pharmaceutical Officer for Scotland, Katherine Davidson (KD) and Jennifer Laskey (JL), Scottish Clinical Leadership Fellows.

<p><b>Work Planning for 2022, including presentation from the Chief Pharmaceutical Officer for Scotland and presentation from Scottish Pharmacy Clinical Leadership Fellows</b></p>	
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Chair: Andrew Carruthers    Lead: Clare Morrison, Director for Scotland

CM introduced this agenda item on work planning for 2022. CM welcomed the Prof Alison Strath, CPhO for Scotland and Katherine Davidson and Jennifer Laskey, Scottish Clinical Leadership Fellows to the meeting.

Over the last year the SPB has aligned its policy work to Scottish Government (ScotGovt) priorities and, as a result, has gained traction and interest in its work on drugs, mental health and women's health. It is crucial that the work plan for 2022 should take into account that strategic context. Other key elements to consider are:

- Priorities for the profession
- Ongoing work – should these remain as priorities; if so, consider level of priority?

To start the process, BMs were provided with a driver diagram containing three areas to consider:

- Strategic context in Scotland
- Priorities in the profession
- Ongoing RPS work

individual work streams would come out of each area, potential workstreams might include:

- **Advancing professional practice** - Pharmacy 2030, independent prescribing, pharmacogenomics, sustainability and digital pharmacy
- **Professional belonging** - Wellbeing, inclusion and diversity, expert advisory groups
- **Professional engagement** - political and stakeholder engagement, RPS Local and RPS Connect

The Chair welcomed the CPhO to the meeting.

The CPhO thanked the SPB for the invitation to speak and noted that she would introduce her presentation by sharing some of her top professional priorities and some of the government priorities (broader context):

The CPhO thanked all sectors of the pharmacy profession and the professional body for its role in the response to the COVID-19 pandemic.

CPhO's top professional priorities:

- **Support short, medium and long term pharmacy workforce development issues** - need to ensure that there is a motivated and enthusiastic workforce across all roles and sectors which can provide the best pharmaceutical care for patients across all settings.

- **Support the NHS Recovery Plan and the Programme for Government** - There are a number of commitments within the documents for the pharmacy profession; 'light on workforce' as a separate document on workforce issues is being developed. It will be crucial to ensure that pharmacy teams have the resilience to adapt and embrace evolving changes.
- **Establish a Pharmacy Workforce Forum** - this will involve all sectors of pharmacy. The purpose of this forum will be to co-produce a vision for the pharmacy workforce. It will set out what good looks like in 12 months, 3 years, five years and in 10 years from now. The RPS Pharmacy 2030 document will inform this work. The workforce vision will be iterative and will need to consider current and new and emerging roles. The vision will inform the development of a strategy that ensures that there is a workforce that has the necessary skills and competencies. Is working to the top of its license and as part of a multidisciplinary team. The Forum will be a focussed sharp piece of work and an opportunity to influence things; the first meeting will be before December.
- **Wellbeing** – Putting wellbeing at the heart of pharmacy practice. The CPhO personally supported the RPS Wellbeing Pledge because it was a way to show, as a leader, an ongoing commitment to creating a positive culture at work.
- **Initial education and training (IET)** – The IET of our future pharmacists will be crucial as they will be the pipeline for the profession.
- **Transformation of hospital pharmacy** - The transformation of hospital pharmacy work stream is coming to an end; it will play into the recovery of the NHS and will help to raise the profile of pharmacy in acute care.
- **Community pharmacy** – There is a commitment to implementing a new contractors' framework; this will take time and consultation will be widespread to ensure a robust framework to support community pharmacy.
- **Pharmaceutical Public Health (PPH)** – Rebuilding and expansion of PPH in Scotland; the new community pharmacy contract demonstrates that the aim is for a more PPH based approach.
- **Developing practice and capacity** – including clinical areas such as mental health, drug use and drug deaths and specialist services. Consider care settings, to include prisons and care homes, to

ensure the delivery of better and more responsive pharmaceutical care services. Advances in medicines and technologies.

Key headlines for Government:

- Expansion of Pharmacy First
- How to support aspects of the ScotGovt Women's Health Plan, to include contraception and menopause.
- Redesign of community pharmacy unscheduled care services
- Establishment of early adopter sites
- Cancer recovery plan – opportunities for the supply of systemic anti-cancer therapies through community pharmacy
- Improving the links between digital prescribing and dispensing pathways

The CPhO concluded with four 'asks' of the SPB:

- How can the SPB support the profession to deliver these ambitions across all sectors
- Consider who are the key stakeholders and influencers who can support the delivery of these ambitions; 'casting our net wider', e.g. National Health Education Scotland, NES, the Golden Jubilee and other parts of the UK.
- In what meaningful way can the SPB contribute to the vision of the pharmacy workforce in Scotland?
- What practical role can the SPB play to support the profession in taking forward these ambitions, e.g. guidance, training, credentialling, etc?

**Questions from the SPB**

- Any workforce changes/proposals would be meaningful to pharmacists working on the ground. Pharmacists will have the opportunity to input through the Forum and through consultation. 'People who are closest to the problem should design the solution.'

- It was confirmed that the potential increase in new roles, e.g. clinical informatics is being considered. There are opportunities for succession planning and how to do this. Need to ensure that we have good leaders going forward.
- The CPhO noted that although there will be country specific issues, the SPB should be encouraged to engage with stakeholders across countries where there are synergies and to 'cast our net wider'.
- The CPhO was asked about potential areas of contention with RPS as the Professional Leadership Body. The CPhO confirmed that it is important to have a strong professional leadership body to challenge and to act as a check point. There are opportunities to have conversations and hear different viewpoints. All important parts of informing policy, finding consensus. The CPhO confirmed that the 4 GB CPhOs meet regularly and try to find opportunities to work together and to share learnings.

The SPB thanked the CPhO for her time and also for agreeing to present in open business. It was noted that the presentation will inform the Board's work planning discussions due to take place in the afternoon session.

### **Presentation on Pharmacogenomics by Katherine Davidson (KD) and Jennifer Laskey (JL), Scottish Clinical Leadership Fellows.**

AC welcomed and introduced Katherine Davidson (KD) and Jennifer Laskey (JL) to the meeting. KD and JL have just come to the end of their tenure as Scottish Clinical Leadership Fellows, focussing on pharmacy and the implementation of pharmacogenomics in Scotland.

KD and JL provided a summary of the work undertaken during their tenure as Clinical Fellows

Pharmacogenomics is the influence of genes on an individual's response to medicines. The scope of pharmacogenomics is very broad from novel personalised medicines to the optimisation of existing medicines. There are a number of current uses in Scotland, e.g. in cancer and stroke treatments.

They have met with a variety of stakeholders across different settings and countries to help inform the current landscape and have been able to contribute to a Scottish pharmacogenomics (PGx) working group. From their research a number of common principles have emerged:

- Clinical application including ensuring equitable access to testing where this has been demonstrated to be clinically and cost effective
- creating a leadership infrastructure
- workforce development and education and training
- Governance and policy
- Integration of genomic data with clinical systems
- Patient engagement and information needs

A stakeholder engagement event was held in June 2021; it brought together multidisciplinary colleagues with an interest in PGx; the focus was to consider key opportunities for PGx to benefit patients in Scotland.

They have prepared a draft report outlining key recommendations around the role of pharmacy in the area of PGx.

### **Key recommendations:**

#### Clinical application of PGx – share learnings and support health service research

- Share learning of successful implementation
- Support health service research
- Critical appraisal of new evidence / horizon scanning

#### Creating a leadership structure around PGx – considering PGx within the wider context of personalised medicine

- Ensure pharmacy represented across the evolving infrastructure

- Creation of specialist leadership posts for pharmacy within genomic medicine and/or pharmacogenomics
- Formation of pharmacy professional network
- Build on relationship with NHSE/I Genomic Medicine service

#### Implications for workforce development (a priority for the 2021/2022 Scottish Clinical Leadership fellow)

- Assessment of baseline PGx knowledge amongst pharmacy professionals in Scotland
- Work with RPS, GPhC and NES to shape educational strategy
- Engage with HEE and HEIW to identify opportunities to collaborate on provision of educational resources
- Consider multi-professional education requirements

#### Governance / Policy

- Develop framework to support policy development (nationally and at board level)
- Consider standards for 'direct to consumer' PGx testing in community pharmacy/online platforms

#### Integration of genomics data with clinical systems

- Provide clinical and professional support to development of genomic data integration strategy
- Explore opportunities to use aggregated genomic data linked with other datasets to enhance population health and inform strategies for implementation of pharmacogenomics.

#### Patient engagement/information needs

- Review pharmacogenomic leadership infrastructure to ensure appropriate level of patient and public involvement.
- Development of educational materials to support Realistic Medicine approach to informing patients and prescribers
- Development of resources to raise public awareness of pharmacogenomics approach within NHS Scotland

KD and JL went through the enablers and barriers and concluded their presentation by confirming that, although their focus has been on PGx within pharmacy, it is very dependent on the multidisciplinary team approach.

KD and JL were thanked for their presentation; the breadth of the presentation and its insights will help to inform the Board's work planning for 2022.

**Questions:**

How can the SPB support at a practice-based level and at individual and Board levels?

As a result of MHRA advice regarding aminoglycosides and genomic factors which predispose patients to ototoxicity, JS has been working with the pharmacogenomics working group to look at implementation of this advice within Scotland. It is a very complex area and pharmacy leadership is required urgently. SPB should support the establishment of services and pharmacy leadership in this area.

IB asked whether any work had been carried out looking at applicability of SNOMED codes within the work; it was confirmed that this level of detail had not formed part of their remit. The SCLF report however recognises that digital integration of genomic data is critical and will require algorithms to translate the raw data into interpretable prescribing guidance.

CM thanked KD and JL for sharing their presentation with the SPB and for working with the RPS over the last year; RPS would like to continue this collaboration; KD and JL to introduce the incoming clinical fellow when they start their role. The Chair added his thanks.

**Action:** CM to contact KD and JL for introduction to the incoming clinical fellow who will focus on the next stages of pharmacogenomics.

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