

Minutes of the meeting of the English Pharmacy Board - Open business

Minutes of the meeting held at 9.00am on 4th October 2018 in the Events Space, 4th floor, at the Royal Pharmaceutical Society, 66 East Smithfield, London E1W 1AW

Present

Sandra Gidley (Chair)
Clair Anderson
Nadia Bukhari
David Carter (left at 4pm)
Thorrún Govind
Mahendra Patel
Ash Soni

Sibby Buckle (Vice Chair)
Martin Astbury
Elizabeth Butterfield
Hemant Patel (from 9.20am)
Aamer Safdar
Tracey Thornley (left at 3.30pm)

Guests

Sue Kilby (from 9.55am)
Sarah Browbank
Claire May
Matt Boyd

Chair of Industrial Pharmacists' Forum
RPS Ambassador
Sussex LPF
Associate Professor in Patient Safety and Pharmacy Practice | Head of MPharm Year 4 | School Lead for Fitness to Practise
Programme Clinical Lead (Clinical Pharmacy), NHSE

Ravi Sharma (from 9.20am)

In Attendance

Paul Bennett
Robbie Turner
Gail Fleming
Beth Ward
Neal Patel
Melissa Dear
John Lunny
Gareth Kitson
Adele Mott
Ivana Knyght
Jon Campbell
Stephanie West

Chief Executive (until 12.35pm)
Director for Pharmacy and Member Experience
Director for Education
Head of Faculty and Foundation
Head of Corporate Communications
Campaigns and Corp Comms Manager
Public Affairs manager
Professional Development and Engagement Lead
RPS Clinical Fellow
Interim Head of Support
Regional Liaison Pharmacist
Regional Liaison Pharmacist

Amandeep Doll
Dr Claire Thompson
Corrine Burns
Yvonne Dennington

Regional Liaison Pharmacist
Deputy Chief Scientist
Pharmaceutical Journal, RPS correspondent
Business Manager, England

18/105 Welcome and Introductions

The Chair welcomed EPB members and staff to the meeting and asked all present to introduce themselves. She invited visiting members to contribute to the discussion if they wished.

There will be live tweeting from John Lunny from the meeting today using the hashtag #RPSENG. The Chair advised if anyone else wishes to tweet they were asked not to attribute any comments to a named person.

18/106 Apologies

No apologies were received.

18/107 Declaration of Interests

The English Pharmacy Board noted paper 18.10/EPB.03. Board members were reminded to send in any amendments to their declarations to Yvonne Dennington and were also asked to state, in the interests of best practice, any declared interest at the start of the discussion to which it relates.

Updates were received from Tracey Thornley and Aamer Safder.

18/108 Minutes of the meeting held on 20 and 21 June 2018

The minutes of the meetings held on 20 and 21 June 2018 circulated as papers 18.10/EPB.04 (a) and (b) were agreed as an accurate record of proceedings.

18/109 Matters arising not specifically included on the Open Business Agenda

18/81 – PGEU – This is currently being covered by Paul Bennett and Paul is receiving all correspondence including a high number of PGEU consultations. A meeting was held at FIP with the Chief Executive of PGEU, Paul Bennett and Harvey Sondh, currently there are many unknowns on our future relationship with PGEU post Brexit. There may be no need for a political representative as we will have no voting powers within PGEU if the UK leaves the EU. Discussions are continuing internally and future relationships and level of membership form part of these discussions.

The RPS appointments committee is responsible for nominating a representative for PGEU.

Action: Circulate PGEU paper on Brexit. - PB

18/92.2 Pharmacists' Mental Health – a letter was sent to the Minister. Robbie Turner and the Chair met with Keith Ridge to discuss the matter and Keith has requested a further meeting to look at how we take this forward. The team will be gathering data for this meeting and asking for EPB input.

Other actions: For completion there were two actions from 20th June, both of which have been completed, namely:- Contact HEAG and invite them to October meeting and put sectoral places back on agenda for October.

The Chair thanked staff for their efforts in completing all actions.

18/110 Public Affairs and Policy Statements

The English Pharmacy Board **noted** paper 18.10.EPB.06 (a).

Martin Astbury made some comments on this paper:-

Page 1 3rd paragraph – there is a difference between purchasing on line and in a bricks and mortar pharmacy – a pharmacist may be able to identify that a patient was not telling the truth in a bricks and mortar pharmacy – easier to be untruthful on an on-line questionnaire.

Tracey Thornley said that she had submitted comments directly.

The response to the consultation should be stronger, selection of quantity should be after consultation. In a bricks and mortar pharmacy there is a chance to add additional support whereas there isn't on line.

Action: 2nd draft will be circulated with a further opportunity to comment and final version will be ratified at next Board meeting - HW

18/111 Updates from Team England

The English Pharmacy Board **noted** the update papers 18.10/EPB.07 (i) – (ix).

- (i) Local Engagement – noted.
- (ii) Public Affairs – noted.
- (iii) Policy and Consultations – noted. Sibby Buckle raised the issue of SCR uptake and the recent survey. The survey is now closed but she asked for feedback on why the uptake is so low in order to report back findings. Some reasons given included current pharmacy systems hold records and these are being used in place of SCR, smart cards are sometimes difficult to obtain, IT systems can be problematic, privacy officer oversight can be intimidating. The RPS support service has developed a video and resources to help members – these will soon be on the RPS website. It was suggested that the primary care networks could be used to raise awareness with other health care professionals that pharmacists now have access to these records. NHS Digital are also releasing a video regarding the benefits of SCR with patient stories.
Action 1: Seek endorsement from NHS Digital for the video - IK
Action 2: circulate survey link summary of responses and send feedback on SCR usage to Sibby
- (iv) Digital (IM&T) – noted. (FMD is a standing agenda item on the Pharmacy Digital Forum)
- (v) Medicines Optimisation – noted. Update on RMOG – Tracey Thornley continues to update the Board as and when there is news. Liz Butterfield

- now sits on RMOC (South) as the AHSN representative along with Clare Howard. She will be feeding into the national RMOC meeting next week.
- (vi) Pharmacy Public Health Forum – At the last meeting there was an update on the Healthy Living Pharmacies registry delivered by the Royal Society of Public Health. Robbie Turner has been invited to sit on the leadership forum focusing on Cardiovascular disease. John Lunny and Robbie Turner are working with NHSE on where pharmacists can help with CVD around detection and prevention. There will be a joint report from NHSE/RPS on pharmacists working with CVD.
- (vii) Innovators' Forum Mahendra Patel reported that a meeting was held 2 weeks ago showing examples of good practice of patient care in relation to diabetes. A diverse group of patients were invited to tell their stories. There was a suggestion that this work should link into the NHS long term plan. The Chair said this will go into the mix for the cross board business planning day. It was noted that there is great innovation within the profession but spread of good practice is limited.
- (viii) PGEU - see minute 18/109 (18/81)
- (ix) FMD – Robbie Turner said that we have been pulling together what has been going on across the organisation in relation to FMD:-
- FMD hub page on the website for resources and signposting to other organisations – MHRA will also be developing a hub page
 - Responding to consultations on FMD
 - Increasing member awareness with PJ, social media, emails
 - PJ have done a number of articles on FMD – communications continually link back to these articles
 - Discussions with community pharmacy stakeholders
 - Hosted joint session with Superintendents and Hospital Expert Advisory group
 - Patient safety and FMD is integral to our work
 - Represented at the MHRA board
 - Optimising web page for members – continue to highlight to members to raise awareness

There are real concerns with Brexit and it is thought there will be problems. Currently there will be no sanctions if you do not scan.

Sue Kilby endorsed what Ash was saying and added that if we are not part of FMD after Brexit then the UK could be opening itself up to be targeted by counterfeits. Another issue is that uncertainty is resulting in the failure for companies to invest in development. The ABPI also have major concerns.

Paul Bennett attended a meeting as PSNC on 28th September. John Lunny shared the outputs from the Brexit roundtable held at the RPS on 13th Sept. There were interesting discussions about Britain possibly becoming the place for organised crime for counterfeits.

18/112 Education Directorate

The Chair welcomed Gail Fleming and Beth Ward, Gail is in her 4th week at the Society.

Gail and Beth gave a presentation on current and future work.

The focus is on members and the profession and the mission and vision for the organisation.

Whilst recognising the value of what we already have, we now have to think about portfolio careers and think about the horizontal shift. An Education Governance Oversight Board (EGOB) has been set up and met for the 1st time last week and worked at defining what success will look like producing with the following:-

- A defined career framework with clear training pathways
- Clear links to initial education & training
- Learning standards that align to other health professions
- Supports a flexible workforce particularly those seeking portfolio careers
- Responsive and relevant to all care settings
- Healthy and open dialogue between practice and education structures which informs the work of the Board

The second part of the workshop focussed on what people will contribute to make this happen. How we work with partners to make this happen is critical to success.

Beth Ward gave a round up of past and current work:-

- The RPS curriculum was launched at FIP.
- The Boots foundation training pilot is due to be assessed in the spring of next year.
- Working on the e-portfolio which can be used for revalidation.
- Advanced practice – annualising the faculty cycle – focus groups are being set up for this work.
- National Training Programme – looking at career pathways from foundation to consultant – building advanced generalist – developing modules of training with experts across the profession.
- Looking at the interfaces with policy, standards and guidance.

The next steps for the directorate include:-

- Focusing on delivery of the vision and mission
- Review strategy approach
- External environment re education
- Strengths and weaknesses in the team
- Clear comms strategy – what is in it for members
- Partnerships and collaborative working

Gail welcomed feedback from the board.

The question of working with industry was raised and what was being done to encourage this as a career. Gail responded that she has been talking to ABPI on how they can connect with our work. Moving across sectors and the need to revalidate when returning to a sector was raised as an issue especially for prescribers – the RPS is working with CPPE on return to practice and signposting, again looking at horizontal integration.

The team were commended on their work.

The issue of mapping accreditation to the foundation programme was raised. Gail said this was being looked at but is a big issue as moving across sectors is an issue and it is not known what accreditations are needed, this needs careful thought.

Segmenting communications is being worked on as it is understood that messages are not that same for all sectors.

Gail agreed there was a real opportunity internationally to promote the RPS training and education materials. Gail will be working closely with Harvey to move this forward.

The question of support from the CPOs for the foundation programme was raised and whether this support is forthcoming in light of the integration fund moving under Ed Waller's responsibility.

Paul Bennett said he would be raising this with Ed Waller at his meeting this afternoon to seek assurance that we will receive what was promised. He said as Chief Executive he has a responsibility to lead the profession but also to ensure RPS sustainability.

There was some discussion around being asked to do work that is not funded, it was suggested that we push for equity with other healthcare professionals regarding funding, possibly asking for a freedom of information request to see how much other professions are being awarded.

Action: Circulate presentation to Board members.

The Chair thanked Gail and Beth for attending and said that the EPB would like to be included and are keen to help.

18/113 Pharmacy and Member Experience: Professional Standards and Support

The Chair welcomed Ivana Knyght to the meeting.

Ivana gave a an update by way of a presentation. A few of the points highlighted are:-

The five top enquires for the support team remain the same:-

1. Revalidation
2. Pharmacy legislation

3. Pharmacy practice
4. Professional development
5. Developments in the profession

There will be a monthly ethical dilemma in the PJ based on the sort of enquiries we are receiving.

The Museum and Library were part of the Open House London weekend and 70 people visited the RPS during this time.

There was some discussion about a renewed programme of students visiting the RPS. Robbie Turner said this will be considered in future planning.

Standards and Guidance –

- Aiming to publish the Safe and Secure Handling of Medicines Guidance (Duthie) in November 2018;
- Polypharmacy Guidance to be published November 2018;
- MEP 43 was published in July 2018;
- Community Standards for Community Pharmacy Services – aiming to publish in Q2 2020.

There was some discussion about the Community Standards for Community Pharmacy Services – Robbie Turner reflected that the EPB had agreed in January to commence work on the standards following the NICE accreditation process

There was some discussion about having two members of the EPB on this sector group (and other such groups) and whether there should be a vote on this. The Chair proposed that this was a discussion which should form part of the current Governance review but proposed that for these standards the President should also sit on the sector wide group along with a nominated board member from each of the 3 boards. The role of the sector wide group is to build consensus and advocacy.

The President said he would be happy to sit on the sector wide group but did not see that an extra person would make any particular difference in this group. He did say that it will be important to have regular feedback on these standards at Board level as there may be areas of contention that need to be discussed.

Action 1: Robbie Turner undertook to inform the EPB with how progress will be reported back.

Action 2: It was **agreed** that the President should sit on the sector wide group and this should be reported back to the Chair of the Steering Group – RT/YD

Paul Bennett thanked Ivana and Wing for the fantastic work that is going on with renewed energy and focusing on what members want. A relative and proactive response is being taken.

Action 3: Presentation to be circulated.

Action 4: Expressions of interest to be sent to Chair/RT/YD by 19th October.

18/114 English Pharmacy Board Work Programme of Work/ Campaigns current and for 2019

The English Pharmacy Board received the Team England presentation in advance of the meeting.

The team updated the board on current and future plans for policy and practice, local engagement, public affairs and media.

Practice and Policy: Working with Amanda Thompsell on guidance for Older People with Mental Health; working with the taskforce for Lung Health – RPS are indirectly influencing this work; Diabetes – working with RCN and RCGP in holding a person centred event.

Action 1: Tracey Thornley asked for the Health Literacy Coalition to be invited to join this event.

Local Engagement: Ambassadors are in post and to date the feedback has been good; working closely with CPPE in holding collaborative events – these are working well. Revalidation offer is going well. Will be meeting with Nigel Ratcliffe, Pharmacy Schools Council in the new year on how we can work more closely with the Schools of Pharmacy. Working more closely with PJ to promote local members and the work they do – showcasing. Started collaborative work with College of Mental Health Pharmacists on Mental Health toolkit. The Code of Practice has been well received and demonstrates how we take the role of RPS Locals very seriously.

Action 2: Recirculate instructions for RPS locals as to what to do with finance documents, old cheque books etc.

Public Affairs:

- Brexit workshop on 13th September – was a useful discussion helping to identify issues.
- Continued engagement with the mental health team at NHSE.
- In dialogue about the NHS long term plan.
- Wrote to NHS England Director for Primary Care Development, setting out five key considerations for Primary Care Networks, had agreement in principle for a meeting with acting director of Primary Care.
- The APPG contract is coming to an end, time to consider a review.

The report that Public Health England has published on co-morbidities and mental health was highlighted. The issue of mental health patients with co-morbidities having to pay for prescriptions was raised and it was suggested that the campaign on removing prescription charges for this group of patients should be revisited.

Robbie Turner highlighted that we have membership of the Equally Well charter and collaboratively we can move things forward.

Media

There have been 18 news stories in the past 3 months – this work mirrors policy and public affairs.

RPS is getting an increasing number of media requests. The Chair encouraged board members to assist where they can.

Action 3: Media training for board members – the dates will be recirculated.

Sue Kilby raised the issue of artificial intelligence (AI) and asked whether the RPS was focussing on this.

Claire Anderson declared an interest as she is the Chair of Clinical Advisory Group ECHO. Claire added that Alistair Murray is an expert in this field.

Action 4: Sibby Buckle agreed to raised AI at the Digital Forum and extended an invite to Sue Kilby to attend the next meeting on 11th October.

Action 5: Claire Anderson to advise Heidi of the experts she is aware of in relation to AI.

Update on FIP – Staff who attended said it was enjoyable but very long. It was suggested that even more should be made of FIP to showcase the work of RPS, planning ahead in order to do this. It is important to infiltrate the various sectors of FIP. The RPS is currently in a unique position as it has relationships with high ranking people at FIP. The issue of not publishing from the abstracts and posters from FIP should be addressed. Glasgow FIP 2018 was a very successful conference and thought to be one of the best. 3232 delegates attended from 110 countries. The RPS signed up many international members – this cohort needs to be nurtured and grown.

Tribute was paid to the RPS Events Team for their hard work and comments were made regarding how exceptional the RPS stand looked in the new branding and free coffee from the stand was a welcome addition.

Action 6 – Send a letter of thanks etc from the EPB to the Events Team - RT/Chair

Diabetes Draft Policy: The English Pharmacy Board **noted** paper 18.10.EPB.10 (a).

Action 7 – Board members to feed comments on Diabetes draft policy by 16th October to Heidi Wright.

A meeting of the Innovators' Forum with a number of multi disciplinary stakeholders is planned for 2nd November.

Brexit update - A Brexit workshop was held at the RPS on 13th September. Three major issues came out of this workshop, areas where it is felt that RPS can have an influence:-

Science and Research

Access to medicines
Workforce

Action 8: A briefing note of the workshop and the actions that have been decided will be circulated to Board members for internal use only.

There was some discussion over access to medicines and stockpiling. As there is a lack of clarity on stockpiling more information is awaited. Discussion continued around Europe using access to medicines as a bargaining tool, and it was felt it is wrong to compromise patient safety.

Action 9 – JL and RT to consider how to take this issue of patient safety/access to medicines forward and it was suggested to use PGEU as leverage.

Sibby Buckle invited board members to attend the Conservative Science and Technology Forum meeting on 16th October at 6pm – topic “What Brexit means for pharmacy etc”.

Action 10: SB to circulate details of the S&T Forum to board members.

18/115 Regional Pharmacists update on STPs and System Leadership

Robbie Turner introduced the Regional Pharmacists, Jon Campbell (South and Sout West), Amandeep Doll (London and South), Stephanie West (North) (apologies received from Nicola Gray (North)). He said that he had created these posts as a gap at system leadership level had been identified by the RPS, and resource had been put in place to find out about the impact and evaluation of pharmacy infiltrating at this level.

Jon, Amandeep and Stephanie gave a presentation on their work to date.

Some of the points highlighted by the regional pharmacists were:-

- Principles of engagement
- Aligning pharmacy with other organisations and the national agenda
- What is the value pharmacy can provide across the whole system on patient safety?
- STP letters from RPS are helping
- value is demonstrated by having everyone around the table and meeting regularly
- trying to ensure the presence of pharmacy at Primary Care Home level
- Engaging with LPNs, LPC and NAPC

The team have had a number of early successes including Nicky Gray being invited to chair the pharmacy LPN workforce strategy group across Greater Manchester Health and Social Care Partnership.

The team have also identified a number of challenges including a lack of a network for system leadership and to share good practice.

The team have identified a number of themes. Discussion followed on future ways of working. AHSNs have a workstream on medicines optimisation and a remit to link with STPs. Liz Butterfield offered to help with this relationship as she is involved with AHSNs.

Sue Kilby offered to help with market access work, reaching out to patient groups and their regional structures.

A number of points associated with the changing landscape of the NHS into 44 local health systems were highlighted, with superhubs and hand held devices being the future of patient care. It was suggested that there will be a greater focus on population health and data capturing in the future. All of this will require a culture change at pace and scale. The Chair recognised the importance of these issues and said they will be incorporated into future work. The Chair said consideration will be given to this work and thoughts on how this might work brought back to the Board.

There was some discussion of how this work will resonate with members and how the profession has an obligation to get engaged with the future.

Robbie Turner thanked the regional pharmacists.

Action 1: Presentation to be circulated to the Board

Action 2: Chair and RT to give consideration on how systems leadership will affect future working and bring back to Board for discussion

18/116 English Pharmacy Board Communications Plan

The English Pharmacy Board received an update presentation from Neal Patel.

Action 1: Circulate presentation to the Board

Neal illustrated through the presentation how the various social media channels are being used and highlighted how the use of email is diminishing as a communication channel. Twitter is currently a very valuable platform for communication for the RPS and the use of “twitter cards” as a tool really work well.

The communications and marketing teams are now able to use real “insight” techniques to gauge what is working and what is not.

It was suggested that converting articles into CPD helps to increase readership.

Communication and Spokesperson Policy

The English Pharmacy Board noted paper 18.10.EPB.12 and agreed to submit their comments to Neal or/and Melissa by end of October.

Action 2: Recirculate paper and submit comments on paper 18.10.EPB.12 by 31st October 2018.

18/117 Science Update

The English Pharmacy Board noted papers 18.10.EPB.13 (a) and (b).

Claire Thompson introduced this item highlighting the Science and Research Summit on 8th February 2018. 57 abstracts have already been received and 23 people have booked on to the day.

Research Ready: Please note an amend to paper 13 (b) – 5th bullet point under Background should read 58 ResR and not 92.

The key recommendation on the paper are:-

- Define objectives for RPS (from ResR)
- Revist ResR purpose and target audience
- Undertake a detailed evaluation of the existing programme

There was some discussion on the need for research and how the RPS has an opportunity to support and collect outcome evidence.

The Chair thanked Claire and wished her all the best for her future as she will be leaving the RPS. Claire has put noticeable effort into pharmaceutical scientists and the women in pharmacy agenda in her short time at the RPS. Claire will be chairing one of the sessions at the S&R Summit.

18/118 Statutory Item – Sectoral Places

The English Pharmacy Board noted paper 18.10.EPB.14.

The Chair introduced this item saying that at the working day we had heard from the Chair of the Hospital Expert Advisory Group some of the reasons why we are not seeing pharmacists from the hospital sector putting themselves forward in the annual elections. She referred to paper 14 saying that 5 options are listed and added that whatever was decided strong links with HEAG were necessary.

Action: It was **agreed** that the Chair of the HEAG should be invited to attend future EPB meetings.

There was some discussion on the benefits of co-option and consideration was also given to the other options. It was strongly felt that more engagement is needed with the sectors, as all sectors feel underrepresented, to ensure people put themselves forward. Peer to peer engagement is also very powerful. HEAG being a group of the RPS will not be able to encourage people to stand as this will be a conflict of interest, and compromise the guidance of the election process.

It was **agreed** that no change will be made to the Election Scheme for 2019 in relation to sectoral places, but there will be a watching brief for next year and a greater emphasis on engagement throughout the year.

Action: The Chair to attend the HEAG meeting and report back to the EPB in January.

18/119 Pilot evaluation of pharmacists in GP at NHS England

The Chair welcomed Matt Boyd and Ravi Sharma. Matt gave a presentation on the evaluation. Nottingham University carried out the evaluation on behalf of NHS England. Matt said there had been incredible interest in this programme at FIP. The full report has now been published (196 pages) with a very good executive summary. The evaluation looked in depth at 3 case studies. There were 89 sites across the whole of England and there was a massive variation in breadth with the sites meeting local priorities, therefore the model is difficult to control. Most sites had a population of about 30 000 people.

There were some key findings:-

- Importance of induction and mentoring – need to think about this as educators
- Current standard is not fit for purpose
- Huge gap between what GPs thought they were getting and what pharmacists could deliver
- Key problem in getting information out and getting people to read it
- Pharmacists were providing high quality care and adding value
- Pharmacists have expertise in medicines
- Relationship between pharmacist and GP – who takes responsibility?
- Deprescribing is a big part of the role
- High probability the role will be sustained

There was some discussion after the presentation with questions raised about peer to peer support, progression, portfolio working, working in partnerships with GPs rather than employees in the practice, developing a national competency framework. There is huge variation currently and questions were raised as to how we could map against our current frameworks or whether they will need to be modified. Robbie Turner said that we are currently working with RCGP looking at their practice and where pharmacists fit in.

Ravi said that NHSE are currently considering the results and will be giving a response. There will be a 2nd phase of evaluation drilling down, a 2 – 3 year study of quantitative and qualitative analysis and also looking at the primary care network. There will be a more sophisticated data analysis comparing data and linking into prescribing data. Ravi thanked Nottingham University for the work they have done.

The Chair thanked Ravi and Matt for attending.

Action: Circulate presentation

18/120 Local Practice Forums

Rebranding LPFs to RPS Local

The English Pharmacy Board noted paper 18.10.EPB.17 (a) and **agreed unanimously** that the nomenclature change to RPS Locals.

Member Interaction with English Pharmacy Board

The English Pharmacy Board noted paper 19.10.EPB (b).

There was some discussion around members requesting to come and address the board on particular topics. To date the Chair has not consented to this but she asked the views of the Board in finding a way forward for members to feed into the Board with their views/concerns. It was recognised that presently there is a gap with RPS Locals feeding into the content of board meetings. It was suggested that there be a skype call with RPS Local leads ahead of the agenda setting session in order that they can feed into this process with items for consideration, and giving constructive feedback if their items do not form part of the agenda.

It was **agreed** to trial this skype call for the next meeting in January 2019.

Action: Set up skype call of RPS local leads to feed into agenda planning session – Gareth Kitson and Chair to lead.

18/121 Update on Party Conferences

There was representation at all 3 party conferences, although the Chair attended the Liberal Democrats conference in her own right and not on behalf of the RPS.

Lib Dems: There was little health input into the conference agenda. There was a fringe pharmacy event.

Labour: John Lunny attended this conference. It was an interesting conference with little healthcare input in the fringes or in the chamber. Very party focussed. Not yet considering the NHS long term plan but is in future work.

Conservative: John Lunny and Sibby Buckle attended this conference. Sibby had a opportunity to speak to Matt Hancock at the Health and Social Care fringe meeting – spoke about digital and interoperability.

Action: arrange meeting with Matt Hancock - JL

18/122 Any other business

There was no other business.

18/123 Key Messages

The key messages from the meeting were:-

- Ed Waller attending the EPB working day
- Regional Liaison Pharmacists
- Education – foundation training
- Engagement
- Hospital Expert Advisory Group;

18/124 Close of meeting

The meeting closed at 16.20pm.

18/125 Dates of next meetings

EPB working day – 30th January
EPB meeting – 31st January
EPB working day – 10th April
EPB meeting – 11th April
EPB working day 19th June
EPB meeting – 20th June
EPB working day 9th October
EPB meeting – 10th October

Board Members please note: All of the above dates are to be diarised across all EPB members. Board meeting dates are firm dates but Working Days will only be used at the discretion of the Chair and the Director for England.