**SCOTTISH PHARMACY BOARD MEETING**

Minutes of the open business meeting held on Wednesday 8 February 2023. The meeting was held on Zoom.

**Present:**

Andrew Carruthers (AC) Chair, Catriona Sinclair (CS) Vice Chair, Tamara Cairney (TC), Omolola (Lola) Dabiri (OD), Lucy Dixon (LD), Kelsey Drummond (KS), Richard Shearer (RS), Jacqueline Sneddon (JSneddon), Jill Swan (JSwan) and Audrey Thompson (AT).

**RPS Staff**

Ross Barrow (RB) Head of External Affairs, Scotland, Paul Bennett (PB), CEO (part of meeting), Corrine Burns (CB) PJ Correspondent (part of meeting), Neville Carter (NC), Chief Education and Membership Officer (CEMO) (part of meeting), Carolyn Rattray (CR) Business Manager, and Laura Wilson (LW) Director for Scotland.

**Apologies**

Iain Bishop (IB)

Josh Miller (JM)

Jacqueline Sneddon (JS) – part of the meeting

Lucy Dixon (LD) – part of the meeting

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| **23.02/SPB/01.** | **Welcome and apologies**  Chair: AC, Led by: AC  AC welcomed RPS staff and BMs to the SPB Open Business meeting; welcoming Laura Wilson (LW) to her first meeting as Director for Scotland.  Apologies were received from IB and JM.  JSneddon – had given notice that would need to leave the meeting for a short while but would return.  LD – had given notice that would only be able to attend part of the meeting. |  |
| **23.02/SPB.02.** | **Declarations of interest** (Paper: 23.02/SPB/02)  Chair: AC, Led by: AC  JSwan: Director, Brush Box Ltd, remove from declaration of interest. CR to action. | **CR** |
| **23.02/SPB/03.** | **Minutes and matters arising** (Paper: 23.02/SPB/03)  Chair: AC, Led by: AC  The SPB noted paper 23.02/SPB/03C and confirmed that these minutes were an accurate record of proceedings.  The minutes were approved by Tamara Cairney and seconded by Audrey Thompson. |  |
| **23.02/SPB/04.** | **Planning for events**  Chair: AC, Led by: LW  RPS Fellows’ event – 22 March 2023.  This event is at the request of Christine Bond (CB), Chair of the RPS Panel of Fellows. It is recognised that an RPS Fellows’ event is held in London but that, with travel restrictions, not all Fellows can attend this event and so, it is intended that to hold events for Fellows in Scotland and Wales. It is hoped that this event will provide opportunities for Fellows to engage with RPS Scotland activities and to input into the Scottish work plan and proposed events, sharing their expertise and experience.  There will be a celebration in the evening with the presentation of the Charter Award to Jonathan Burton FRPharmS.  Team Scotland is to meet with CB on 13 February to consider and finalise plans for the event.  RPS Scotland ‘Best Practice’ event – 21 May 2023.  From the positive feedback from the 2022 event, it was clear that there is an appetite for a similar event in 2023. Strathclyde Institute of Technology and Innovation has been booked provisionally and a draft agenda for the day is being developed in collaboration with teams across RPS.  This event will be for both Members and non-Members; non-Members will be charged a fee unless they have been invited to present. A hold the date has been sent out.  RPS Scottish Regional Ambassadors to support this event.  Events in the Scottish Parliament.  Plans, to date, include a joint event with the Royal College of General Practitioners (RCGP) and one solo RPS event. Information regarding these events to follow in due course.  Webinars.  A series of webinars are being developed for the year with one on Health Inequalities taking place at the end of February 2023.  European Symposium, Aberdeen – 31 October 2023.  RPS Scotland has been invited to develop a workshop for this event.  RPS Annual Conference – 10 November 2023.  There was a discussion regarding the format of the RPS Conference; would it be a hybrid model and would there be opportunities for the Conference to move around the three countries? Options are being considered to make the Conference more accessible to all RPS Members.  NC noted that the intention is to plan ahead, over multiple years; noting that ‘the last slide of the current event should introduce the next one’.  Groups are to be established to support activities, e.g. agenda setting, professional value and professional promotion; the intention is that there will be a representative from each of the NPBs on each of the groups.  RPS is now at the stage where a coordinated series of events can be developed and implemented across GB which will recognise and reflect the requirements of individual nations. BMs to input ideas for potential future events which would be of interest to members.  **Action:** SPB to consider representation on each of the groups, e.g. agenda setting.  **Action:** BMs to submit ideas for potential future events. | **CB/Team Scotland**  **SPB**  **SPB** |
| **23.02/SPB/05.** | **Scottish workplan – specific asks or areas to work on**  Chair: AC, Led by: LW  LW shared the Scottish work plan infographic, noting that some areas of focus will require more resource. The work plan is focussed around the Scottish Pharmacy 2030 Vision but aligns with the English and Welsh Visions. Area of focus for RPS include:   * **Independent Prescribing (IP)** * **Sustainability** – LW has been invited to present in Copenhagen to promote RPS work on sustainable prescribing; work on this is continuing with RCGP and SIGN to make sustainable prescribing a reality. RPS Scotland is also involved in a project with Sharon Pfleger and SIGN to develop a greener formulary. Part of the project will be to involve the BNF. * **Pharmacogenomics** * **Health inequalities** **(HI)** – LW and RB attended an event at the Scottish Parliament (7 February); the event focussed on HI in prisons. An RPS webinar on HI is planned for the end of February * **Strengthening** pharmacy governance * **Workforce wellbeing** - Protected Learning Time is on the agenda for LW to discuss with the Scottish Chief Pharmaceutical Officer at their meeting on 9 February. * **Inclusion & diversity (I & D)** – Amandeep Doll (AD) leads on I & D and Scotland feeds into the work stream. keen for more input from Scotland and Wales. AD supported a Scottish round table on disability at the Scottish Parliament * **Political engagement** – Looking to link the themes within Pharmacy 2030 with the priorities of Scottish Government. * **Scottish Clinical Fellow** – Intention to recruit and Scottish Clinical Fellow. Funding for a Scottish Clinical Fellow will be available later in 2023   Cross-cutting themes include:   * **RPS Expert Advisory Groups (EAG)** – Work is ongoing to explore how ‘to make them more joined up; to tap into the expertise of these groups to support RPS workstreams. It is envisaged that a BM representative from each NPB will attend each of the EAG meetings and will report back to respective NPBs to ensure that the Boards are aware of the work being carried out and can seek advice. * **RPS Regional Ambassadors** – Scotland has recruited two out of three ambassadors; there is still a vacancy in the North of Scotland. Regional Ambassadors will work with the country teams to support regional events, in particular, the *Best Practice* event, taking place in Glasgow in May.   Scotland’s focus will be around its Vision for Pharmacy 2030 and key themes will be drawn from it. BMs were invited to share thoughts on how to implement the Scottish plan and put it into practice.  The work plan includes linking in with work in the Scottish Parliament, particularly around Women’s Health. A new Minister for Women’s Health has been appointed and it is hoped that RPS will meet with the Minister in the near future; this is timely as a there is a new community service focussing on Women’s Health.  Visits to Health Boards and the two Schools of Pharmacy (SoP) are being planned. A visit to Strathclyde SoP has been confirmed.  .  LW is the Lead Director (GB) for Independent Prescribing and also Health Inequalities and supports the sustainability workstream. There is potential for RPS to lead on a greener pharmacies project. EJ and LW will submit a tender for this.  It is likely that RPS Scotland will have a Scottish Clinical Leadership Fellow later in the year; funding for this starts in August and it will depend on when the recruitment process starts.  PB and CB joined the meeting and were welcomed.  Board members were asked for comment and feedback:   * AC joined the round table on disability and welcomed AD’s expertise. Although AD’s role sits within the English Team; AC was reassured that AD’s role covers the whole of GB. AC keen that remote and rural issues are considered, particularly in Scotland where, geographically, most of the population is based in the Central Belt, leaving vast areas where remote and rural issues are very relevant. * CS noted that rural deprivation is quite significant in Scotland. The Scottish Government (Scot Govt) is funding a number of Health & Social Care Partnerships to conduct project and path finding work for the new National Care Service. There is a focus on rural and health inequalities; there is a danger that the different types of inequalities become siloed. Caution is required around looking at inequalities in isolation. * Sustainability in pharmacy – input into the sustainability agenda in a different way – working with manufacturers to reduce waste. There are many hurdles but RPS has started the conversations. PB confirmed that the Science & Research Committee meet on 7 February and the re-use of medicines was on the agenda; this will be a priority for the S & R Committee in 2023. * PLT- There is a Scot Govt group looking at PLT for GP practices; the Cab Secretary had made a commitment to this. The group is looking for a pharmacist to participate. AT to send the details to LW. JS noted that at a recent National Acute Pharmacists Group meeting held at RPS, PLT was considered and is to be discussed further at the next meeting. * Expert Advisory Groups (EAG) - The EAGs were established to provide advice and expertise to the NPBs and also RPS teams. It was suggested that the terms of reference for the EAGs should be reviewed to ensure a clear understanding of the remit of the EAGs. AC/LW to consider best approach with English and Welsh colleagues.   **Action:** Scotland team to consider remote and rural issues (including rural deprivation) which can also lead to health inequalities.  **Action:** AT to send details of the Scot Govt Group looking at PLT for GP practices and the requirement for a pharmacist to sit on the group.  **Action:** EAGs – AC/LW to consider terms of reference with English and Welsh colleagues to ensure clarity of purpose for the EAGs. | **Team Scotland**  **AT**  **AC/LW** |
| **23.02/SPB/06.** | **RPS expert representatives – plan for the future**  Chair: AC, Led by: LW  A list of RPS expert representatives had been established but is now obsolete and needs to be updated. JSwan has agreed to lead on this, working with the Chair of the DoPs Group and Specialist Interest Groups to build a comprehensive database of experts. Input from all SPB members would be welcome. LW to share the existing list with the SPB. The subject of where the database should sit requires consideration regarding GDPR issues  **Action:** JSwan to lead on the compilation of a database of experts and SPB to input to ensure a current list of experts who can advise and represent RPS when required. | **LW/SPB** |
| **23.02/SPB/07.** | **Any other Business**  Chair: AC, Led by: LW  Media training.  Board members were encouraged to take up the opportunity of media training; it is important that Scotland and Wales ‘have a voice’.  CS, OD, AT, JSwan and LD expressed interest in media training. LW to check the budget and terms of training.  PB thanked BMs for their interest in media training.  **Action:** LW to check terms of training, e.g per person or per group and also the budget for media training.  2022 MSP Survey results.  This is a report that RPS in Scotland commissions each year to measure MSP awareness of the Society, its favourability and standing. In summary:   * RPS Scotland is doing well and regard has never been more favourable (this helps with sponsorship). * Members are noticeably more likely to say they know a fair amount or more about RPS than at this time last year. * MSPs are more likely to say they think favourably of the Society than at this time last year. In fact, regard has never been higher. * No-one has reason to think unfavourably of the Society. * 83% of the Health Committee Membership are satisfied with contact from the Society.   CS noted that the media training will support engagement with MSPs. | **LW** |

**meeting closed at: 15:00**