

**WELSH PHARMACY BOARD MEETING – OPEN BUSINESS**

**Minutes of the open meeting held on Wednesday 8<sup>th</sup> February 2023 by Zoom.**

**Present:**

**Welsh Pharmacy Board**

Cheryl Way (ChW) chair, Geraldine Mccaffrey (GM) vice chair, Richard Evans (RE), Gareth Hughes (GF), Rafia Jamil (RJ), Lowri Puw (LP), Dylan Jones. (DJ), Rhian Lloyd – Evans (RLE)

**In attendance:**

**RPS Staff**

Cath Ward (CW) Business Manager, Wales, Alwyn Fortune (AF) Policy and Engagement Lead Wales, Elen Jones (EJ) Director for Wales, Iwan Hughes (IH) Acting Head of External Relations Wales. Karen Baxter (KB), Managing Director RPS.

**Apologies**

Apologies were received from Helen Davies (HD), Eleri Schiavone (ES) and Jodie Gwenter (JG)

	Welcome and apologies	To welcome members and observers to the meeting There were no members in attendance
23.03.WPB/01	Declarations of Interest	To note the declarations of interest

		<p>The WPB noted that Cheryl Way and Gareth Hughes declarations needed to be updated for the next meeting.</p> <p><b>Action 1 – CW to make amendments ahead of the next NPB meeting</b></p>
23.02.WPB/02	Minutes and matters arising	<p><b>To approve minutes from the open business of WPB meeting on 29 September 2022 and to discuss the matters arising from these minutes</b></p> <p>Typo on page 5 reads sage .... instead of stage</p> <p>The Welsh Pharmacy Board approved the minutes of the meeting on 29 September with the amends above.</p> <p>Approved by: Geraldine Mccaffrey Seconded by: Gareth Hughes</p> <p><b>Matters arising – Dates of 2023 NPB meetings</b></p> <p>ChW is unable to attend as chair of the April meeting. WPB asked if there was an opportunity and an appetite to change the date of the April meeting and make the meeting Welsh specific only. This is something that WPB have been calling for previously.</p> <p>It was suggested that if the date remained as 25<sup>th</sup> April for the NPB meeting, that GM could deputise as vice chair.</p> <p>WPB noted that care needs to be taken that we don't lose the opportunity to make joint decisions at NPB if this was the route taken. Options to be taken to the NBCF in February.</p> <p><b>Action 2 - CW to send a doodle poll to get availability for another date in April early May (in case this happens)</b></p> <p><b>Action 3 - EJ/ChW to take these options to the NBCF in February.</b></p>

23.02.WPB/03	Welsh Pharmacy Board Elections 2023	<p><b>To note the upcoming Welsh Pharmacy Board elections 2023</b></p> <p>WPB Noted that Richard Evans tenure on the WPB ends on 21<sup>st</sup> June 2023 and this position is therefore subject to open competition. The criteria have been amended to allow Locum from any sector, not just community pharmacy.</p> <p>WPB to look at advertising the importance and experience of being a board member – through videos or blogs.</p>
	RPS Business Plan 2023 – Welsh perspective discussion	<p><b>WPB to discuss the detail of the plans from a Wales perspective</b></p> <p>The highlights of the discussion were as follows:</p> <ul style="list-style-type: none"> <li>- The board flagged the issue of reducing medicine related harm, and the need to find the root cause of those incidents. It was suggested that a workshop leadership session could be arranged to discuss these issues</li> <li>- EJ informed the board that Lloyd Hambridge as deputy ChPO may be able to help and she would pick this up with him</li> <li>- EJ informed the board that the RPS conference is scheduled for 10th Nov- discussions have been held with Education and Events team about threading a Medicine Safety theme through the conference. There is also scope to organise a PDaHW conference with a Medicine Safety theme</li> <li>- Support for the credentialling scheme run by RPS. The board are keen to see if RPS can support more mentors as they feel the more, we can support the better the mentors will become.</li> <li>- The board asked if there is an opportunity for RPS to fill the space that currently exists with regards to developing scope of practice, with a view to compiling the evidence portfolio. Is there scope for RPS to develop this independently with an easy-to-use platform - noting that it is not just having platform it would be good to involve other healthcare professionals and produce some guidance on benchmarking.</li> <li>- An example in Scotland, teach, and treat site, which is developing scope of practice, is this something that could be implemented in Wales</li> <li>- The purpose of a clinical check by a pharmacist is to ensure that the medicine supplied is both safe and effective for use by a particular patient in relation to the risk and benefit to the patient. The board expressed that there needs to be a clear consistent solution for 2<sup>nd</sup> clinical check, the</li> </ul>

		<p>structure needs to be right. Policies need to be kept up to date to cater for the changing landscape.</p> <ul style="list-style-type: none"> <li>- There is much change upcoming in the digital arena, and there is an opportunity to revamp, e.g., pharmacists printing bits of paper not in line with sustainability etc.</li> </ul> <p>WPB agreed for EJ to add more detail into the plans and feedback to board Action 4 – EJ add more details to the business plan from a Welsh perspective and share with the board.</p>
	Hospital Review	<p><b>WPB to participate in a workshop on the clinical review of hospital services in Wales</b> <b>Inform boards where we are at to date. Colleagues for Primary and Secondary care – transfer and interface work better</b></p> <p>AF gave a brief update on the progress of the review to date.</p> <ul style="list-style-type: none"> <li>• Good practice template – 85 responses to date</li> <li>• 4 workshops have been held and approximately 100 pharmacy colleagues have attended.</li> <li>• Independent Prescribing focus Groups held at multiple sites</li> <li>• FIP work on international practice has started</li> <li>• Chief pharmacist structure questionnaire shared and followed up structured interviews are being conducted</li> <li>• HEAG engagement has been held for encouraging wider examples of good practice</li> <li>• Meeting has been held with Early Careers Pharmacist Advisory Group for Prescribing Pharmacist focus</li> <li>• Think tank has been set up, to act as a check and balance group and the first meeting is to be held on 20<sup>th</sup> February</li> </ul> <p>“Are colleagues aware of the review and any initial feedback from board”</p> <p>In the discussion the board commented that: -</p> <ul style="list-style-type: none"> <li>- Prince Charles hospital hybrid session with POW was very well received</li> </ul>

		<ul style="list-style-type: none"> <li>- 'What will happen as a result of the review?' is the main question that is being asked and that colleagues hope that something positive will come out of this review</li> <li>- The board asked if the report would look at gaps that interface between primary and secondary - Recommendations will go to Welsh Government and the themes will be interconnected</li> <li>- In terms of possible barriers, it is felt that greater openness to the conversation in the more junior ranks than possibly the senior teams. There is an appetite for what the services might look like</li> <li>- Discussion around the role of community pharmacy in the DMR raised issues around duplication of work, which could be done in GP practices, could patients be signed up before going into hospital. Could the DMR pilot service be maximised which would result in the patient being seen in the right place. Should there be a better system referring patients to A&amp;E, with a better communication for complex and expensive</li> <li>- Planned care admission based in secondary care was also discussed and the board recognised and understand the patient and the procedure needs unpicking, also noting that the system can't notify a community pharmacist when patients are admitted to hospital</li> <li>- The board considered outpatient dispensing and the impact in hospital and the current script volume being problematic in community. what would good look like? Ideas suggested that specialist item should not go out to the community pharmacist, but other items could. It makes sense for the new medicines for patients to be prepared at hospital, and ongoing meds to be from their comm pharm, except specialist medicine, but the volume in community needs to also be addressed.</li> <li>- The board agreed that in essence it makes sense, but the system is complex. Need to be basic services standard approach across Wales – so only supply the new meds this will stop the delays discharging people going home.</li> <li>- The board are aware that pharmacy is in the middle of dispensing volume review with more work shifting out to community pharmacy which may be viewed negatively, with some community pharmacists having to claw back for services and they can potentially be out of pocket</li> <li>- The board are aware that outsourcing of outpatient dispensing. has historically been considered, with no success and that this should be considered as an option</li> <li>- The issue of dispensing prescriptions across borders. in Wales they are free, but in England they are not</li> <li>- Hospital pharmacy don't know what community pharm can do.... services that might be useful better comms between community pharm, secondary and primary care</li> </ul>
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