ROYAL PHARMACEUTICAL SOCIETY

NATIONAL PHARMACY BOARDS' MEETING

Minutes of the National Pharmacy Board's Open Business meeting held on Wednesday 21 June 2023, at:

- 66-68 East Smithfield, London, E1W 1AW
- 44 Melville Street, Edinburgh, EH3 7HF
- 2 Ash Tree Court, Cardiff Business Park, Cardiff CF23 8RW and by Teams:

Present:

English Pharmacy Board (EPB)

Thorrun Govind (TG), Adebayo Adegbite (AA), Claire Anderson (CA), Danny Bartlett (DB), Emma Boxer (EM) (on Teams), Sharon (Sibby) Buckle (SB), Ciara Duffy (CD), Brendon Jiang (BJ), Alisdair Jones (AJ), Sarwat (Sorbi) Khattak (SK), Michael Maguire (MM),), Erutase (Tase) Oputu (TO) and Paul Summerfield (PS)

Scottish Pharmacy Board (SPB)

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

Welsh Pharmacy Board (WPB)

Geraldine Mccaffrey (GM) Chair, Cheryl Way (ChW) Vice Chair, Richard Evans (RE), Gareth Hughes (GH), Liz Hallett (LH), Rhian Lloyd-Evans (RE), Dylan Jones (DJ), Lowri Puw (LP), Rafia Jamil (RJ), Jodie Gwenter (JG) and Helen Davies (HD).

Observers:

There were -- RPS Member observers. Emeka Onwudiwe - BPSA incoming Treasurer

RPS Staff

Paul Bennett (PB) Chief Executive, Jenny Allen (JA) CPhO Clinical Fellow, England, Ross Barrow (RB) Head of External Affairs, Scotland, Avril Chester (AC) Chief Technology Officer, James Davies (JD), Director for England, Yvonne Dennington (YD) Business Manager, England, Amandeep Doll (AD) Head of Professional Belonging, Iwan Hughes (IH) Public Affairs and Policy Executive, Wales. Elen Jones (EJ) Director for Wales, Alwyn Fortune (AF) Policy and Engagement Lead, Wales, John Lunny (JL) Public Affairs Lead, England, Carolyn Rattray (CR) Business Manager, Scotland, Wing Tang (WT) Head of Support, Cath Ward (CW) Business Manager, Wales and Laura Wilson (LW), Director for Scotland.

23/06/01.	Welcome and introductions.
	Chair: Andrew Carruthers (AC), SPB Chair. Led by: SPB Chair
	The Chair welcomed new board members and thanked the outgoing Chairs Cheryl Way from the WPB and Thorrun Govind from the EPB. Congratulations were given to the incoming Chairs Erutase (Tase) Oputu EPB, and Geraldine McCaffrey WPB.
23/06/02.	Apologies.
	Chair: SPB Chair Led by: SPB Chair
	English Pharmacy Board (EPB): Michael Maguire (MM) Scottish Pharmacy Board (SPB): Tamara Cairney (TC) Catriona Sinclair (CS) Lola Dabiri (LD) Welsh Pharmacy Board (WPB): None
23/06/03(a)	Declarations of interest (Papers 23.06/EPB/03a, 23.06/SPB/03a & 23.06/WPB/03a).
	Chair: SPB Chair. Led by: SPB Chair Board members were asked to let country teams have any updates.
	Board mornocis were asked to let country teams have any apactes.
	SPB -Josh Miller's decs of interest to include Chair of the NHS GGC Area Pharmaceutical Committee

	WPB – Richard Evans decs of interest to include Member of PDA Union - Wales and the West Regional Committee and Chair of Llangele Community Council
23/06/03(b).	Powers, Duties and Functions of the National Pharmacy Boards (Paper: 23.06/NPB/03b) Chair: SPB Chair Led by: SPB Chair
	The National Pharmacy Boards
	noted
	the Powers, Duties and Functions of the National Pharmacy Boards (Paper: 23.06/NPB/03b).
23/06/04.	Minutes of the NPB Open Business meeting held on 8 February 2023 and matters arising (Paper: 23.06/NPB/04). Chair: SPB Chair. Led by: SPB Chair
	The National Pharmacy Boards
	accepted as a true and accurate record.
	the minutes of the formal National Pharmacy Board open business meeting held on 8 February 2023.
	approved by: Audrey Thompson and seconded by: Geraldine McCaffrey.
	Matters arising. Declarations of interest to be amended item closed.

23/06/05. Political engagement across the nations Chair: SPB Chair. Led by: PA Leads Item led by three nations reflecting the devolved nature of the business and GB influences. RB, IH and JL provided a background view of the political engagement across the nations as follows: -**Devolution and Funding Model** - Welsh Senedd was created in 1998, Scottish Parliament was created in 1999. Both are devolved parliaments and they are responsible for spending on public services in their nations including the NHS and healthcare. Prior to 1979, funding for Scotland, Wales and Northern Ireland was settled by negotiation on much the same basis as other Government departments. - Annually, Wales and Scotland receive a block grant from UK Government, and the Barnett formula determines the value of the grant. This means that if UK Government make a spending change in England to an area which is partially or fully devolved, the block grant for Scotland and Wales will change. In addition to this, both Senedd and Scottish Parliament have tax varying powers. Elections Each of the Parliaments has their own electoral cycle. This impacts RPS and our lobbying activity as we will produce manifestos and policy asks at different stages across GB to reflect the cycles. Different political structures three different country boards Each of the nations has a separate political system which governs NHS and healthcare structures. For this reason, separate health structures are in place and continue to develop. This would be too much for one team to cover which is why we have three country teams to keep an eye on all of this.

 There are big differences in stakeholders, requests of RPS to attend meetings or respond to consultations and ways of achieving public affairs objectives through Parliaments and NHS Trusts/Boards (at operational level).

Important Policy Differences noted as:-

- Pharmacy contracts
- Prescription Charges
- Independent Prescribing training
- pharmacy workforce planning
- Different legal systems internal markets within NHS

Divergence between countries

- There are country specific issues, but we work together as one team on things such as patient records, we learn and share from different countries.

Questions raised from the boards included: -

- Are there adequate resources within the England team to have the ability to be agile and act swiftly to respond on a GB level. The NPB noted that staff resources are determined within those structures and work is prioritised accordingly. The NPB also noted that Public Affairs and Policy leads work together and with one person generally taking a lead. All GB work is dealt with within the pooled expertise that we have across the three nations.
- Is there engagement with all members of parliament, presume that adequate work goes into lobbying the opposition too –The NPB noted that Parliamentary Questions are asked by the people who chair the cross-party groups, on an issue-by-issue basis. The MSP survey in Scotland is held to check the engagement, generally the level of engagement in Scotland is good.
- In Wales the team look ahead to see who the minority coalition party may be.
- There is a need to engage not just about Pharmacy eg women's health, and this has proven useful, leading to a greater influence and leverage with certain topics. In addition, the parliamentary receptions etc do very well.

23/06/06. Professional Leadership

Chair: EPB Chair. Led by: Claire Anderson (CA) RPS President and Paul Bennett (PB), RPS CEO

CA advised that regular meetings had been held with Professional Leadership Bodies (PLB) to progress the agenda and a meeting is scheduled with the Chief Pharmaceutical Officers on 24th July, when further updates will be provided.

PB reiterated that constructive meetings with PLBs have been held and there is a great sense of unity of thought and purpose to work collaboratively and to embrace the work of the commission to enhance patient care.

We are awaiting further details on the progress of the appointment of the Chair of the Council.

PB said there was a positive spirit of engagement with the Specialist Professional Groups too.

23/06/07. Mem

Membership

Chair: Geraldine McCaffrey, WPB Chair. Led by: Neal Patel (NP), Associate Director, PMED

Independent Prescribing

NP informed NPB that RPS has been considering the impact of all newly qualified pharmacists being prescribers in 2026, and how the membership offer needs to change. This work includes the products and services we offer, how they are provided as well as how they are marketed. Work in this half of the year will focus on building a new portfolio of products and services which better match the needs of prescribing pharmacists.

It was highlighted that not all members were prescribers and therefore how will membership be driven for this cohort of members. NP responded that plans have not yet been developed for this cohort.

Membership

NP advised NPB that member recruitment is lower than last year and total Members are lower year on year. He also reported that retention of existing and recruitment of new RPS members remains a challenge, with cost-of-living pressures being quoted as the main reason why any discretionary spend is significantly reduced. Work continues to improve the value offered to members and non-members both now and in the future. NP sought comments and questions from NPB board (IP related)

- In Scotland in primary care 78% of pharmacists are already IPs
- How advanced are we with expanding scope of practice as we want to get this right.
- EJ advised that there was previously a short-life working group set up to support this
 work, comprised of all three boards, priority areas were identified. Work on extending
 scope of practice was progressed and guidance developed, with funding from Welsh
 Government. It was suggested that another short-life working group of board
 members should be re-introduced to help prioritise further activity for the prescribing
 workstream.
- There is an opportunity to influence what the service provision may look like, we should be involved as an organisation, to influence the provision of training for undergraduates.
- Question was raised about whether credentialling be used rather than a university training course for experienced pharmacists
- There is a need to support all pharmacists, whatever their career stage or level of practice. Also, consideration needs to be given to non-patient facing pharmacists, who are not directly affected by IP, and what are the opportunities in the different sectors?
- The profession needs guidance on DMP/DPP as the process is still very ad hoc. Pharmacists currently have difficulty in finding direct support.
- Is the current system of supervision fit for purpose, what would we like to change?
- There is a need to consider what the DPP does in relation to signing off on clinical skills.

NP concluded asking the boards to reflect. This area of work is fast paced, and other professions are looking to us.

	Action 1 - Set up a board working group to further help and guide our policy work and direction of travel in Independent Prescribing– take this action through the Policy and Stakeholder Group	
23/06/08.	Papers for noting (Papers: 23.06/NPB/08 (i) to (ix)) Chair: SPB Chair Led by: SPB Chair The following papers were noted by all board members: i. Science and Research update	
	ii. Education update iii. Policy and consultations iv. Public Affairs v. Sustainability vi. Pharmacogenomics vii. Inclusion & Diversity viii. Workforce wellbeing ix. Marie Curie Daffodil Standards	
20/06/09.	Any other Open business Chair: SPB Chair, Led by: SPB Chair Karen Baxter gave a presentation on the PhP rebrand and how it aligns to the RPS's look and feel.	
21/02/10.	Dates of next NPB meetings 20 th Sep and 9 th Nov	

The meeting closed at: 11 am

Action List

Action No	Action	By whom	Open/Close/Comment
23/06/07	Action 1 - Set up a board working group to further	Country Directors	Open
	help and guide our policy work and direction of travel in indepdent prescribing— take this action through the Policy and Stakeholder Group		