

Hospital Expert Advisory Group Meeting Notes

Thursday 18th January 2024 14:00-15:30 to be held virtually via MS TEAMS

IN ATTENDANCE

Roger Fernandes (Chair), Ahmed Alnagar, Ravijyot Saggu, See Mun Wong, Stuart John Evans, Holly Stokes, Matthew Prior (Deputy Chair), Melinda Cuthbert, Oweikumo Eradiri, Raliat Onatade and Rhian Lloyd-Evans.

Fiona McIntyre (RPS Lead), Wing Tang, Heidi Wright, Carolyn Rattray (CR)

1: Welcome, introductions, apologies and matters arising Led by Chair (5mins)

Progress review	
Description	Recommendations agreed at last meeting: <ul style="list-style-type: none">• HEAG meeting dates for 2024 These have now been confirmed as 23 May and 19 September.• Invite Sue Ladds to present on aseptic services and commission – May 2024 Fiona McIntyre (FMcl) to invite Sue Ladds (SL) to May 2024 meeting.• Define priority metrics for national use – keep same methodology FMcl to request RS/SL present on the priority metrics at the May 2024 meeting.

RF welcomed all to the meeting, introducing FMcl as the new RPS Lead and CR as RPS HEAG support. The Chair, on behalf of HEAG, thanked Wing Tang for his considerable contribution and support over the previous three years and wished him well in his future ventures.

APOLOGIES

Melanie Bryan, Susan Gibert, Claire Anderson, Rahul Singal, Jill Swan, Ewan Maule, Ellis Rahill and Nicola Greenhalgh.

2: UK Government: Pharmacy Supervision Consultation led by Fiona McIntyre

Purpose	To discuss the consultation on Pharmacy Supervision and elicit feedback and expert opinion from the HEAG discussion to shape the RPS response. Link below: Pharmacy supervision - GOV.UK (www.gov.uk)
	FMcl provided an update on activities to date including two member events (16 and 18 Jan). At these events, DoH presented on the proposed legislative changes and Paul Bennett (PB), RPS CEO, reported on RPS Supervision Group activities. The principle of the presentation given at the member events was that this is enabling

legislation; and that the proposals are designed to allow the regulator and professional bodies to develop a regulatory framework and professional standards and guidance; to enable the implementation of these changes. It is hoped that legislation will be in place in 2024 with implementation in 2025. It was noted that, at the member events, there was concern about 'gaps'.

The 3 proposed changes are:

- Introduction of the authorisation of a pharmacy technician (PT) by a pharmacist. New terminology being used.
- Issue of prepared and bagged medicines to patients, by someone who has been authorised to do so by a pharmacist (this need not be a pharmacy technician)
- Supervision by a hospital PT at hospital aseptic facilities.

HEAG was asked to consider:

- The 3rd proposal and if enablers are required for this proposal to work.
- Are there other legislative changes that should be considered?

HEAG supported the 3rd proposal. Comments included:

- 'A critical enabler for workforce (WF) skill mix'. It is an opportunity to widen the skills mix in the Aseptic 'space'.
- Couldn't understand concerns as using a registered PT will be optional (accountable pharmacists will remain).
- These are technical roles and registered technicians are the right people to do them'.
- There was concern about recruiting PTs but that this is a separate WF issue.
- Question as to whether APTUK has been consulted re: the indemnity implications. FMCI confirmed that APTUK has been consulted but RPS hasn't received feedback. The Chair of NPTGS sits on the National Acute Pharmacists in Scotland (NAPS) group and is supportive of this opportunity for PTs. APTUK and NPTGS will need to be able to feed into the proposals.
- There was concern that PTs will not have the required level of qualifications, expertise and experience. Aseptics have been removed from PT training. DoH will have to consider this. The group was assured that a PT would need to have the required competencies before being allowed to be accountable. The overall responsibility of Aseptic Services will remain with the respective Chief Pharmacist.

The next stage will be for the GPhC consultation(s) on responsible pharmacist, chief pharmacist and superintendent pharmacist.

In conclusion, it was agreed that, broadly speaking, HEAG supported the direction of travel.

3: Healthcare Improvement Scotland: Gender identity Healthcare Adults and Young People Consultation led by Fiona McIntyre

<p>Purpose</p>	<p>To discuss the consultation and elicit feedback and expert opinion from the HEAG discussion to share the RPS response. Link below: Standards for gender identity healthcare services for adults and young people (healthcareimprovementscotland.org)</p>
	<p>Keen to raise the profile of the Healthcare Improvement Scotland (HIS) Gender Identity Healthcare Standards which are out for consultation in Scotland. One of the policy development areas for RPS in 2024 is gender incongruence. Feedback offered to HIS re: the Standards could also help inform RPS policy development. Although this is a Scottish consultation, it is important to gather the feedback from all three RPS national pharmacy boards.</p> <p>Comments:</p> <ul style="list-style-type: none"> • Really important and is becoming more and more present; pharmacy is involved and it is vital that education and training is provided to be able to provide the best care for patients. • It is clear that pharmacy should be a key stakeholder and needs to be involved in the conversations and development of the service. It was noted that Scottish Govt is funding 0.2 of a pharmacist to work in the gender reassignment clinic in Scotland.

4: RPS updates (20mins)

<p>Purpose</p>	<p>Updates from RPS teams on the following subjects:</p>
	<p>HEAG Membership (Carolyn Rattray) RPS is reviewing all EAGs which has caused a delay in the turnover of group members. Very aware that eight members have reached the end of their second term (and more) and will be expecting to leave the group. RPS will be recruiting new members but ask if any of the members who are due to leave would be willing to stay on for one more meeting (May 2024) to allow time for the recruitment process to take its course. CR to send an email to group members – HEAG to reply indicating yes or no.</p> <p>Policy Development (Fiona McIntyre) FMcl provided an update on RPS policy development in 2024. At the November RPS NPB meeting it was agreed that the following areas should be prioritised:</p> <ul style="list-style-type: none"> • Artificial intelligence – FMcl will lead on the development of a position statement on AI in pharmacy.

- **Medicines Shortages** – Alwyn Fortune, (Practice & Policy Lead – Wales), will lead on this. It is a matter that affects all areas of pharmacy
- **Digital Capabilities** – Heidi Wright, (Practice & Policy Lead – England), will lead on this workstream which may involve looking at prescribing systems as well as the skills and knowledge that pharmacy team members need to have. Also, access/permissions to health records to ensure that pharmacy teams get the best out of all the systems and optimise opportunities. There will be interconnections with AI.
- **Refresh of RPS ‘Palliative Care & End of Life’ policy.** This originated from the Welsh team but is going to be expanded to be relevant to GB and to follow up with our work in partnership with Marie Curie (Daffodil Standards).
- **Scottish Parliament Private Member’s Bill on Assisted Dying** – Looking to develop the RPS position on this.
- **Gender incongruence** – the HIS consultation may inform RPS policy develop in this area which will cover all sectors.

RPS will be looking for the advice, expertise and experience of the EAGs to help inform the development of these workstreams. The Chair suggested that HEAG members should plan around the noted policy areas, looking to their teams for specific expertise.

Guidance & Standards (Wing Tang)

- **Home Care Standards (HCS):** WT provided an update on the refresh of the Home Care Standards. The refresh was recommended and supported by HEAG and it was propitious in that it came in advance of the House of Lords Inquiry into Home Care Services. Thanks to the work of the T&F Group the refresh is now nearly complete; it is hoped that users will find the new standards more straightforward and concise. They are at the design stage and the launch is confirmed for 29 Jan. APTUK and PFNI have both confirmed endorsement; still waiting for RCN.
The press releases are being planned and there are likely to be quotes from NHSE in support. WT to circulate a copy of the standards to HEAG but asked that not shared further until after the launch on 29 January. Additional work will be required to update the appendices and handbook.
WT was asked about technology for HCS; funding available for the Greener Pharmacy Standards (GPS) but RPS not commissioned to develop technology for the HCS.
WT noted special thanks to MP and SL for their help with the refresh.
- **Virtual Wards:** Interim Standards - completed.
- **Greener Pharmacy Standards:** Consultation has now closed and refining the words for the Standards and are starting on the technology, i.e. app, etc.
It was suggested that the GPS should be included in the pharmacy undergraduate course.

	<ul style="list-style-type: none"> • Error Reporting Standards (ERS): Refresh; now post-consultation. Likely to be published in February/March. As soon as final version is available WT to share with HEAG. It was noted that when the original ERS were introduced in 2013, they were in line with legislative change re: dispensing errors. Now they are much more to do with patient safety. <p>WT asked HEAG to implement these Standards within their organisations so that they don't just 'gather dust'.</p>
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5: Summarising Key Actions Led by Chair (10mins)

Purpose	<p>To summarise key action points and ask for any agenda items for next meeting.</p> <ul style="list-style-type: none"> • Date of next meeting: 23rd May 2024 2-4pm on MS Teams • Group Membership: CR to send an email asking HEAG members to indicate if they will be willing to stay on until the May 2024 meeting. • Policy Development: Rather than blanket email the whole group, HEAG members plan around the noted policy areas, looking to their teams for specific expertise. HEAG to send details to FMcl. • Home Care Standards: WT to circulate a copy of the standards to HEAG but asked that not shared further until after the launch on 29 January.
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6: Any other business

Purpose	<p>DoH 'Call for Evidence' (consultation) on a separate nurse pay spine from Agenda for Change (AFC).</p>
	<p>HW provided context and background re. the Call for Evidence (consultation). Nurses want a separate 'pay spine' as current Agenda for Change structure is considered a barrier to career progression and professional development. Although, at first sight, it looks as if it is not about pharmacy, some of the questions asked refer to the health & care workforce, which includes pharmacists. The closing date is 4 April. RPS will be developing a response and would like to gather views from HEAG. Link to the consultation: https://www.gov.uk/government/calls-for-evidence/separate-pay-spine-for-nursing/separate-pay-spine-for-nursing#how-to-respond</p> <p>HEAG was asked for initial thoughts:</p> <ul style="list-style-type: none"> • 'Very dangerous'; it will dilute the impact of any negotiations if doctors and nurses negotiate separately.

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- Agenda for Change is overdue for a refresh and would prefer that AFC was reviewed rather than having a separate pay spine for nurses.
- This is an England only consultation and so, there could be complications re cross-border working with different contracts.
- The terms and conditions are different in the three countries; as a profession we should be asking for a review of AFC.

The consultation will be taken to the Primary Care EAG for initial thoughts following which, the Policy team will start drafting the response which will be shared with HEAG for further input.

**Relevant upcoming events and
webinars**

<https://www.rpharms.com/events>