

ENGLISH PHARMACY BOARD MEETING – OPEN BUSINESS

Minutes of the open meeting held on Tuesday 21 June 2022 at 13.45, by Zoom.

Present:

English Pharmacy Board

Thorrund Govind (TG) Chair, Martin Astbury (MA) Vice Chair, Adebayo Adegbite (AA), Claire Anderson (CA), Emma Boxer (EM), Sibby Buckle (SB), Ciara Duffy (CD), Mary Evans (ME), Brendon Jiang (BJ), Alisdair Jones (AJ), Michael Maguire (MM), Ewan Maule (EM), Erutase (Tase) Oputu (TO), Paul Summerfield (PS)

In attendance:

1 x RPS member observer

RPS Staff

Paul Bennett (PB) Chief Executive, Sarah Crawshaw (SC) CPhO Fellow to the RPS, Yvonne Dennington (YD) Business Manager, England, Amandeep Doll (AD) Head of Professional Belonging; Elen Jones (EJ) Director for Wales, John Lunny (JL), Public Affairs Lead England, Director for England, Neal Patel (NP) Interim Associate Director for PMEX, Cathy Picton (CP) RPS Consultant for RPS/KF Vision,

Apologies

Ravi Sharma (RS) Director for England

22/06/EPB.01	Welcome, introductions and priorities Board members and staff were welcomed to the English Pharmacy Board meeting. Board members were asked to introduce themselves and say a little about their priorities for the work of the Board, some of the suggested priorities received included:- <ul style="list-style-type: none">• Prescribing agenda	
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	<ul style="list-style-type: none"> • RPS member? fee structure – working to attract new members from all cohorts including a value proposition for early career pharmacists • Making the system more effective • Ensuring the RPS becomes more open and transparent - taking a risk based approach to decision making • RPS England and The King’s Fund Vision work – ensuring all engage with the projectⁱ • Rejoining FIP • Advocating for rest breaks • Engaging with the “Supervision” agenda • Workforce development and workforce wellbeing • Working to maintain a strong leadership body • Improving collaboration with community pharmacy representative bodies • Supporting the work of the CPhO’s Commission into pharmacy leadership <p>Action 1: An organogram of the organisation was requested – Paul Bennett to action</p>	
<p>22/06/EPB.02</p>	<p>Declarations of Interest The English Pharmacy Board noted paper 21.06.EPB.02 and there were no further updates to this paper noted at the meeting.</p>	
<p>22/06/EPB.03</p>	<p>Elections – Appointment of one EPB board member to the Assembly</p> <p>Paul Bennett, Chief Executive took the chair for this item (Ravi Sharma gave apologies as absent on paternity leave).</p> <p>The English Pharmacy Board noted paper 22.06.EPB.03.</p> <p>Board members were asked to confirm that they had received their email from Mi-Voice. All members received the email, the process for voting then went ahead.</p> <p>Nominations for the one place on the Assembly were called for in accordance with (Amended) Appendix C of the Regulations and in advance of the meeting. The</p>	

nominations and addresses were circulated to all board members one week before this meeting. Four nominations were received as per below:-

Candidate	Proposer	Seconder
Ciara Duffy	Self	Tase Oputu
Mary Evans	Self	Alisdair Jones
Brendan Jiang	self	Alisdair Jones
Ewan Maule	Self	Michael Maguire

Declarations of Interests for those nominated are as set out in paper 22.06.EPB.02 and no further declarations were declared at the meeting.

The four nominees were invited to make a speech of no more than two minutes. All nominees were present. Three nominees made a short speech and the 4th nominee **Ewan Maule** used this opportunity to withdraw his nomination saying that the other candidates were probably able to give more time to the role of Assembly member than he was due to his increasing work commitments.

A secret ballot was held as per (Amended) Appendix C of the Regulations and in line with the process set out by the on-line voting provider, Mi-Voice. Board members were asked to cast one vote for the one Assembly member.

PB announced that there was a clear result and **Mary Evans** was appointed to the Assembly. Mary was invited to make a short speech. She thanked those who voted for her saying that it had taken her the first year of office on the EPB to understand how the EPB fitted into the wider work of the RPS and she hoped she was able to bring her expertise to the Assembly.

The result of the election along with Mary's address (Appendix A) will be published.

The Chair (TG) thanked all those who stood for putting themselves forward, and gave her congratulations to ME.

22/06/EPB/04	RPS Workplan and priorities The English Pharmacy Board noted paper 22.06.EPB.04 <u>RPS Country Teams Workplan for 2022</u> EJ introduced the RPS Country Teams Workplan for 2022 and gave a synopsis of all the work covered in the plan and saying how proud she was of the RPS commitment to the work on sustainability especially with the decision to divest RPS funds from fossil fuels. EJ explained that some of the policy areas will remain in place for 2023. EJ highlighted that it is always a challenge for the RPS to pick up exciting policy work whilst also concentrating on the implementation (final phase) of current policy work, this needs to be taken into consideration when setting the priorities for future years. <u>RPS/KF Vision for pharmacy practice in England</u> CP introduced the work on the RPS/KF Vision for pharmacy practice in England. She said that there has been a lot of engagement and traction already. The 2 nd meeting of the Advisory Group will be taking place on 29 th June. The timeline for consultation and engagement events was explained. Board members were supportive of this work and agreed the time and opportunity for this vision is now. There were some cautionary comments relating to vision fatigue and ensuring the vision really speaks to the pharmacists on the ground as currently some pharmacists are feeling exhausted and undervalued. These points were well made and the staff team are acutely aware that there needs to be some short term wins and milestones to the vision work in all 3 countries. <u>RPS Communication and Participation Review</u> NP gave a short presentation on the work of the review saying that it is an independent review being carried out by Luther Pendragon reporting back to the RPS.	
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	<p>Board members are broadly supportive of the Review. PB explained that it was coincidental that the RPS Review was being conducted at the same time as the CPhO's Commission into pharmacy leadership. The review will give the RPS the opportunity to re-engage with members.</p> <p>NP did caution that the scope of the review is quite tight and it will be for the Assembly to make further decisions on the review.</p> <p>PB explained that the RPS was used to working within capacity constraints and at times commissions externally for the expertise it needs, but has to remain disciplined when setting its priorities. All work streams need to be directly related to the organisation's 5 year strategy.</p> <p>CP added that the work on the vision was likely to generate further work for the RPS which will probably be collaborative with others in pharmacy.</p> <p>The question of an EPB meeting (face to face) in the autumn to further discuss the work on the vision was raised. The Chair and Director are currently working on arranging this.</p> <p>Action 2: Send Terms of Reference of review to TO - NP</p>	
<p>22/06/EPB/05</p>	<p>Any other business</p> <p>AD asked for all new board members to sign up to the Wellbeing and Inclusion Pledge.</p> <p>Action 3: Send email to new board members re signing the pledge - AD</p>	
<p>22/06/EP.06</p>	<p>Close of meeting</p> <p>TG closed the meeting at 4.30pm and thanked all for attending. The formal open and confidential business of the Joint National Boards will be held on 28th June 2022 at 9.00am</p>	

Action list

Action No	Action	By whom	By when/open/closed
22/06/EPB.01	Action 1: An organogram of the organisation was requested	PB	June/July
22/06.EPB.04	Action 2: Send Terms of Reference of review to TO - NP	NP	June
22/06/EPB.05	Action 3: Send email to new board members re signing the pledge - AD	AD	June

Approved

Nominations for appointment to Assembly

Dear Colleagues,

As many of you will know I was elected to the English Pharmacy Board last year. One of the first actions we were asked to do was nominate candidates for election to Assembly. I decided at that time not to nominate myself as I recognised, being new to the organisation, I first needed to get a better insight and feel, for how the organisation worked in practice. A year later I believe I now have a much better understanding of how the organisation works, it's strengths and some of its' weaknesses too.

Assembly provides the organisational governance and strategic direction of the Society, that effectively means that the other elected members on the country boards have a very limited ability to influence strategic decisions. There have been a number of Assembly decisions that I, and the pharmacists that lent me their votes last year, fundamentally disagreed with and yet had no voice to influence or constructively debate the decisions. I have recognised that to be able to fully represent the views of the pharmacists who voted me onto the English Country Board I therefore need to step up and nominate myself for appointment to Assembly.

As a Chief Pharmacist of an acute NHS trust for over 18 years I have extensive experience of all types of governance, both clinical and operational. The key requirements of good governance include, among other attributes, openness, clarity, engagement, excellent communication and the ability to hold the executive to account. It also requires an ability to recognise when circumstances change and past precedents are no longer relevant and be agile enough to adapt appropriately. My observation has been that the assembly has not always shown the agility to respond and review when circumstances change. To do that confidently requires members with experience and expertise in governance. I believe that the Assembly needs to take a more active stance in sharing its decision making, and finding mechanisms to enable and encourage wider input into its deliberations. Other colleagues have already shared their view that a mix of both elected and members directly appointed for their expertise in governance would benefit good governance and I add my voice to theirs. I believe I have a depth of experience of governance that will enable me to bring added value to the assembly if appointed.

The assembly also has a role in prioritising strategy in line with resource, but also in developing strategy in the interests of pharmacists. This latter role is increasingly important in the current NHS transition to Integrated Care Systems.

My objectives as an assembly member would include ensuring the RPS actively support the development of Community Pharmacy within the ICS structure both at a national and local system. The undeniable stresses on primary care and the significant access issues patients are currently facing, make it even more important that the RPS continues to loudly advocate for and highlight the role of Community Pharmacy in providing a significant mitigation to the pressures in primary care, if enabled and commissioned to use the full breadth of their clinical competence.

I am enthusiastic and heartened that recent development has enabled and supported a fuller integration of community pharmacy into the ICS's bringing additional capacity to the system, benefiting patients and the wider primary care system.

These developments include;

- a) the new General Pharmacy Council education and training standards for pharmacists which will mean that from 2026 all newly qualified pharmacists will be Independent Prescribers
- b) the recommendations of the Fuller review which includes the need for improved support to patients who need ongoing care and ensuring they see the same clinicians on a regular basis
- c) the Fuller review identifying the scope for greater harnessing of community pharmacists (and others in the wider primary care team) in the prevention agenda and, for community pharmacy specifically, supporting early diagnosis of cancers

As the RPS we must actively promote and support the vision that sees community pharmacists, who already support their regular patients on an ongoing basis, commissioned to take on more ongoing responsibility for case finding and ongoing management of patients with Long Term Conditions, including managing dose adjustments as independent prescribers, with referral rights back to the GP if there are significant changes in the patient's condition. Many, if not most, elderly patients always use the same pharmacy and build up significant long-term relationships with their local pharmacist, which supports the development of an ongoing, trusted, therapeutic partnership.

I want to see us as the RPS continue to actively promote the accessibility of Community pharmacies, who are often situated in the heart of their community, and as the Fuller review identifies have greater patient / citizen accessibility than other community healthcare services. This has long been acknowledged as a benefit in areas of social deprivation where barriers to access other types of healthcare have increased health inequalities and marginalised sections of our community. This was reinforced by the continuing access to community pharmacy and healthcare advice in community pharmacies during the worst of the pandemic, with many citizens finding it difficult to access other healthcare providers. Looking further into the future, the roll out of genomics brings a further exciting role for pharmacists including community pharmacists. Genomics enables more patient centric, personalisation of medicines to the individual patient. At the point of care, pharmacists in all sectors of care will be ideally placed to review a patient's genomic information and personalise the medication regime in line with a broader diagnosis. There will need to be a commitment from HEE to ensure equitable access to education and training on Genomics for Community Pharmacists. To make this a robust reality the RPS must advocate for Community Pharmacy to finally achieve the same level of access to patient's records as other clinicians through ICS patient portals.

I hope you feel able to support my nomination to Assembly.

Thank you
Mary

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