



Minutes of the meeting of the English Pharmacy Board - Open business

Minutes of the meeting held on 25th June 2015 in the 4th floor conference suite at the RPS, 66 East Smithfield, London E1W 1AW

Present

Sandra Gidley (Chair)
Catherine Armstrong
Sibby Buckle
Sultan "Sid" Dajani
Mahendra Patel
Ash Soni (until 12.30pm)

Claire Anderson (Vice Chair)
Martin Astbury
Anthony Cox
Deborah Evans
Aamer Safdar
Tony West

Invited Members and Guests

Amit Parekh
Mike Beaman
Michael Champion
Elizabeth Arthur
Jonathan McShane (item 6)
Deborah Jaines
(from 1pm)

Gul Root (item 6)

Vice President elect, BPSA
Sussex LPF and Retired Pharmacists Group
East Anglia LPF and Secretary General, BPSA
Jersey LPF
Chair, Pharmacy Public Health Forum
Head of Primary Care Policy and Contract
Commissioning Operations (Central Team) NHS
England
Lead Public Health Pharmacist, Public Health
England,

In Attendance

Helen Gordon
Howard Duff
Catherine Duggan
Charles Willis
Neal Patel
Heidi Wright
Alice Dartnell
Rishin Patel (until 12.30pm)
Stephen Robinson
Yvonne Dennington

Chief Executive
Director for England
Director of Professional Development and Support
Head of Public Affairs
Head of Corporate Communications
England Practice and Policy Lead
Local Engagement Lead
Pharmaceutical Press
Pharmaceutical Journal
Secretary to English Pharmacy Board

Apologies

David Carter

Ash Soni (from 12.30pm)

15/76 Welcome and Introductions

The Chair welcomed EPB members, invited guests and staff to the meeting in the new building and highlighted this historic event. The Chair invited the guest members to contribute towards the debates if they wished. All present at the meeting were asked to introduce themselves.

15/77 Apologies

Apologies were received from David Carter and Ash Soni informed that chair that he would be leaving the meeting around 12.30pm.

15/78 Declaration of Interests

The English Pharmacy Board noted paper 15.06/EPB.03.

The Board were reminded by the Chair that any future amendments should be sent directly to Yvonne Dennington in order to update this paper. Board members were also reminded to declare interests at the start of the discussion on any item to which it relates.

15/79 Minutes of the EPB meeting held on 15th April 2015.

The minutes of the meeting held on 15th April 2015 (circulated as paper 15.06/EPB.04) were received and **agreed** as a correct record.

15/80 Matters arising not specifically included on the Open Business agenda

The English Pharmacy Board noted paper 15.06/EPB.05 and the following issues were raised:-

15/46 (14/108.3) HAG

Catherine Duggan reported back that she had spoken with Chris Cutts – CPPE would welcome a steer from the EPB and Chris Cutts is happy to attend the EPB October meeting to discuss this further.

Action: Consider inviting Chris Cutts to October meeting – SG/HD

Action: Catherine Duggan and Deborah Evans to discuss – CD/DE

15/47.5 – Pharmacy Public Health Forum Update

Ash Soni has been invited to speak at the Public Health Conference. Although the invite did not come through the RPS, nonetheless RPS will be represented at the Conference by Ash having a presence there. Deborah Evans said that she is willing to attend on behalf of the RPS.

Action: It is to be decided whether to send an EPB representative to the Conference in addition to Ash's attendance there.- SG/HD

15/47.6 – Consultations and Policy

Discussion continued around consultation response activity and getting the LPF leads more involved. Heidi Wright responded saying that she did seek participation

for consultation responses but the input was often minimal from LPFs and board members.

Action: A request was made for the consultation circulation email to be annotated with more details of the specific consultations. YD

Action: Arrange discussion between Heidi Wright, Alice Dartnell, Sandra Gidley and Deborah Evans to explore better use of LPFs into consultation responses – HW

15/47.8 – Managed Repeats

Concerns were raised regarding the delay in issuing this guidance. As the guidance is GB Scotland currently have some issues with the wording.

15/47.10 – Medicines Optimisation

As Liz Butterfield is no longer a Board member there is an urgent need to decide on a board representation for Medicines Optimisation.

Action: Sandra Gidley undertook to present a proposal over the next two weeks. – SG

15/48.1 – Public Affairs – First 100 Days

It was reported that the following blogs were published

Labour – Charles Willis

Liberal Democrats – Sandra Gidley

Conservative – Sibby Buckle

15/49.1 – Current Campaigns

Discussion continued around System Resilience Groups (SRGs) and how pharmacists are getting involved in these groups. The board were informed that guidance has been issued and was launched in Dave's email by way of a link. The guidance was also circulated to LPFs, and this can be repeated.

Action: Send out SRG guidance again through LPFs – AD

15/54.1 - Any other Business

Mahendra Patel reported that the International Glaucoma Association and Vision 2020 are interested in attending a future EPB meeting.

Action: Consider inviting International Glaucoma Association and Vision 2020 to a future meeting

15/52 – RPS Conference

The conference programme is now complete – an LPF session and three board sessions will be considered for the 2016 conference.

Alice Dartnell reported that there would be a breakfast session for the LPF steering groups at this year's conference.

Governance Review

Helen Gordon reported that the details of the Review Workshop on 15th September were still being arranged and there should be more clarity following on from the Assembly meeting in July.

15/81 Pharmacy Public Health Forum

The Chair welcomed Councillor Jonathan McShane, Chair of the Pharmacy Public Health Forum and Gul Root, Lead Public Health Pharmacist for Public Health England.

Jonathan thanked the EPB for inviting him and said that he was not a pharmacist and that the position of Chair was not a paid position. He went on to say that he had seen the difference that pharmacy could make to the public's health but that pharmacy services were inconsistent. He would like to see the expansion of Healthy Living Pharmacies accelerate and for pharmacy to be mentioned by government unprompted. Jonathan said how important data capture and analysis is in connection with Healthy Living Pharmacies to identify where they exist and where the gaps are. A conference is planned for Healthy Living Pharmacies and a preliminary date for this is early November with Kevin Fenton as the keynote speaker.

Jonathan said how important it was to ensure there were more tools to help HLPs with bidding processes and ensuring local authorities embrace HLPs. A buddying system is planned to help share experience of best practice amongst HLPs. The HLP task group will be discussing assessment and accreditation and ensuring there is a rigorous set of standards. A timetable and communications plan will also be devised as time is of the essence.

Opportunities will present with the announcement of the roll out of the summary care record.

The £200 million public health budget is challenging but the forum will be looking to the people who are interested in doing business.

Jonathan said that he welcomed the support of the English Pharmacy Board.

Gul Root added that in addition to the conference there will be four regional events – more information will follow. The three objectives for Public Health England are to

1. Accelerate the role out of HLPs
2. Public Health England's vision of pharmacy – forming the story for the public, commissioners etc.
3. Work with the other pharmacy bodies (Pharmacy Voice, PSNC) to look at Public Health England's seven priorities – looking at what community pharmacy is doing – mapping exercise to get some consistency into the system.

Public Health England will be bidding for some funding for this work.

Gul concurred with Jonathan that pharmacy is pivotal to improving the public's health – the profession needs to embrace the prevention agenda. There is a real opportunity to ensure that pharmacy can make a difference – pharmacy needs to embrace the opportunities in a positive way and improve on ways of working, for example many pharmacies are still using fax machines when more sophisticated technical options are available.

Gul said she had secured the services of the Chief Knowledge Officer to help with data analysis – it is important to identify areas of deprivation.

Deborah Evans supported both Gul and Jonathan saying that it was the five year anniversary of the first HLP which started in Hampshire – there were now over 1000 HLPs. In order to accelerate the number of HLPs a review would need to be undertaken looking at processes and removing barriers to becoming a HLP. The vision should be for every pharmacy to have the opportunity of becoming a level 1 HLP.

Board members asked for support in gaining write access to the summary care record in addition to the read access which will be rolled out later this year

Other comments included

- Increased emphasis on localism.
- Increased influence of Health and Wellbeing Boards.
- Variability of LPCs.
- What can be done to influence the pharmacy agenda locally.
- If Health and Wellbeing Boards have providers then the argument should be that there should also be some LPC representation as pharmacy providers.
- Reinforce the use of the Public Health Standards developed by the RPS – demonstrating pharmacy’s commitment to improving standards.
- Pharmacy to be recognised for the skills and capability it can offer – link with acute sector
- Remove competition with GPs – alignment of primary care contracts – change commissioning structure.
- Self accreditation – need support for harmonisation of accreditation
- Call for a national minor ailments service.
- Simplify guidance on how to become a HLP.
- Need pathway evaluations – change the way health and wellbeing services are delivered – improve Medicine Use Reviews and New Medicine Services.

Claire Anderson asked whether the DH policy unit will be re-commissioning any research. It is understood that there are valid reasons why this research never went ahead.

The Chair said she would look forward to hearing more about the sharing of best practice and maybe enhancing the role of the Society’s local relationship development managers within Health and Wellbeing Boards. She thanked both Jonathan and Gul for attending the meeting and sharing their ideas on the future and offered the continued support of the EPB.

15/82 Update papers for noting formally by the English Pharmacy Board

15/82.1 Corporate Communications Update

The English Pharmacy board noted paper 15.06/EPB.07 (i) and appendix (to follow).

Neal Patel informed board members that “I love my Pharmacist” will be launched on Monday. This year the competition will be opened up to all sectors – members and non-members. The competition is an opportunity to highlight the profession. The winner will be chosen in November. The competition is run by Women’s Weekly. Neal called for the support of the board members for the initial push with this competition. The competition is an opportunity for entrants to get themselves into local media – newspapers/radio station.

As the winner of the competition last year Sultan “Sid” Dajani said being the winner had come with tremendous results, an increase in the number of scripts dispensed in his pharmacy and the general kudos of being the winner.

The appendix of media highlights will be circulated at a later date.

There was some discussion around media spokespeople – Neal asked for the Board’s trust in him to front experienced and knowledgeable spokespeople for the relevant topic.

Action: All LPFs to submit at least one entry into the competition this year – AD

Action: Circulate appendix of media highlights – NP

Action: Circulate information about “I love my Pharmacist” competition: NP

15/82.2 Public Affairs Update

The English Pharmacy Board noted paper 15.06/EPB.07 (ii).

It was reported that good progress is being made on the 100 day programme.

Party conferences – currently speaking to an alternative provider in addition to Dods - will report back to the EPB on the outcome at a later date.

Action: Follow up on the providers engaged for the Party Conferences - CW

15/82.3 LPF update and Governance Reports

The English Pharmacy Board noted paper 15.06/EPB.07 (iii) and appendices

Alice Dartnell reported that an engagement plan was currently underway in the LPF regions by way of focus groups.

The LPFs team will be working closely with Deborah Evans on the vision and purpose of LPFs. The value of LPF events needs to be separated from CPPE and LPC events – looking at what is the unique selling point (USP) of the RPS and considering a method of quality assurance.

The LPF development day went very well and the team are to be congratulated. The invited members all agreed that it was a good day and of great benefit. The BPSA said they were willing to help with the development of the LPFs. Elizabeth Arthur, representing Jersey LPF, won the leadership development award at the development day.

Elizabeth Arthur highlighted the importance of Board member visits to LPFs and how they generated significant interest.

The issue of attracting new members was raised. Howard Duff replied saying that the target of the LPFs to recruit 340 new members this year could now be monitored, whereas before there was no mechanism to track the recruitment of non

members attending LPF meetings. The community pharmacy advocate programme should assist with the recruitment of non members. A meeting to discuss the capabilities of the internal customer relationship management system in tracking unique visits, non member visits etc has been arranged.

Catherine Duggan reported that regarding pre-reg training and tutors the GPhC were asking for the RPS to take a view. It was suggested that an advisory group be formed to look at pre reg training. LPFs could be used for quality assurance training development.

More tools were called for to assist LPFs in obtaining sponsorship. Catherine Armstrong offered to share ways of obtaining sponsorship as her LPF in the North East was very successful in obtaining sponsorship for events.

Deborah Evans and Alice Dartnell are currently working on a relationship paper (appendix 3) – all comments on the paper for inclusion should be forwarded to either Deborah or Alice.

Action: Consideration should be given to holding board meetings in LPF localities outside of London – SG/HD

Action: circulate to EPB the LPF statistics and the storify of tweets from the LPF development day. AD

Action: Catherine Armstrong to share information on obtaining sponsorship for events

15/82.4 Information Management and Technology

The English Pharmacy Board noted paper 15.06.07 (iv)

The next meeting of the group will be held on 9th July.

Action: Consider way of involving LPFs into the IM&T agenda - HW

15/82.5 Pharmacy Public Health Forum update

This update was covered by item 6 of the agenda – Jonathan McShane and Gul Root (see minute 15/81).

Helen Gordon asked that the EPB and LPFs support the work of the Forum going forwards.

15/82.6 Consultations and Policy

The English Pharmacy Board noted paper 15.06/EPB.07(vi)

Heidi Wright raised concerns regarding the lack of EPB input into consultation responses and asked for support with responses going forwards. The EPB are to note that if Heidi requires comments a draft will generally be circulated by email for comment.

It is to be noted that although in the past there were poor responses to NICE consultations, Catherine Duggan reassured the Board that specialist groups were now engaged with responding to consultations and NICE had commented on this greater engagement.

Catherine Armstrong offered to help where she could with NICE responses as these formed part of her normal day job.

15/82.7 Science and Research update

The English Pharmacy Board noted paper 15.06/EPB.07 (vii).

The Board had a lengthy discussion on the subject of homeopathy, following on from a recent blog published by Professor Jayne Lawrence. There were some calls from board members for a total ban on the sale of homeopathy products from pharmacies as there is no evidence base to support their efficacy, and selling them may damage the credibility of the pharmacy profession. Some disagreed with a total ban as it may put other products and their effectiveness, under scrutiny, and pharmacists should have choice on the products they sell.

Action: Reviewed RPS homeopathy guidance to be shared with EPB once comments have been received from the Science EAP.

Action: Set up a small homeopathy advisory group consisting of Tony West, Sibby Buckle, Sultan “Sid” Dajani, Anthony Cox and Martin Astbury – this to be confirmed by email – HD/SG

15/82.8 Professional Standards update

The English Pharmacy Board noted paper 15.06/EPB.07 (viii) and appendix.

Sultan “Sid” Dajani said the standards on professionalism are welcomed.

Catherine Duggan said she had recently had discussions with the Academy of Medical Royal Colleges who expressed an ambition that pharmacists be formally part of the clinical supervision team for the foundation training of junior doctors, across all sectors. The plans are for this to be in place by August 2016. CD will be following up after her leave to work on next steps.

There was recognition of the enhanced safety the team gains from having a pharmacist involved, credit was paid to the work led by RPS and BOPA with regard to chemotherapy and prescribing.

In addition, the AoMRC paid tribute to the RPS foundation framework and professional development processes and recognises the pharmacy team. This invitation embeds pharmacy into the primary care team and links with the academic workforce. Recognition of advancement would be sought through the RPS Faculty membership.

Catherine Duggan agreed to keep the EPB appraised of progress and communications.

Action: CD to keep EPB appraised of progress

15/82.9 Library and Museum update

The English Pharmacy Board noted paper 15.06/EPB.07(ix).

Catherine Duggan advised the Board that a longer term plan for the museum and library will be presented to the Assembly in due course.

15/82.10 Medicines Optimisation update

The English Pharmacy Board noted paper 15.06/EPB.07 (x)

Heidi Wright informed the EPB that she is currently in the process of setting up a steering group on polypharmacy.

A decision is still to be made on whether or not four new briefings on disease areas will be published next year. Heidi is awaiting a conversation with CPPE. If it is agreed to go ahead with the publications Heidi will be calling for suggestions for the four disease areas. A couple of suggestions were put forward at the meeting:-

- Glaucoma
- Anti-psychotics

15/83 Public Affairs and Policy Statements

15/83.1 Public Affairs

Since the Public Affairs team has increased in size significant progress has been made in connection with the top 50 stakeholder list which has now been expanded to include patient groups and think tanks.

Work will follow on from the 100 day programme.

15/83.2 Policy Statements

Board members were informed that there were no policy statements for sign off at this meeting. .

15/84 EPB Campaigns

Heidi Wright gave a short presentation on the campaign work, reflecting on the campaigns and what has been achieved so far. Some of the points raised were:-

Emergency and urgent care

- Care UK – an out of hours provider is looking at involving pharmacists with GP out of hours providers – this work at an early stage
- Video is currently in production of pharmacists working in A&E – due to be released between July and September.
- Examples of good practice – published yesterday

Pharmacists working with GPs

- will be launching a consultation document (RPS/NAPC)
- waiting for NHS England announcement – blended model – supported by education and training
- Working with PCPA on their documents - awaiting RCGP endorsement

Pharmacists access to the summary care record

- Announcement on pharmacists access to SCR
- GB campaign to commence in September
- Policy documents need updating – will include confidentiality/liability/consent (pharmacists will need to seek consent each time they access a record)

- Lobby for full read and write access, want to keep up the momentum

The board commented that full read and write access will be predicated on the success of the roll out of read access, therefore it is important to get this right – need to ensure pharmacists understand the limitations of the SCR.

Ash Soni sits on the strategic group – it is important to understand how this group relates to the IM&T group and the suppliers group.

It was suggested that Mohammed Hussain and Richard Jefferson be invited to the next meeting of the EPB to discuss access to the summary care record and the relationship between the various IM&T groups.

Action: Invite Mohammed Hussain and Richard Jefferson to October meeting – HW/HD

Action: Circulate presentation - YD

Care Homes

- Campaign not yet started but there is a lot of activity
- Submitted a bid (if successful a further bidding process is scheduled for August) – led by Brighton and Hove
- There is a focus for medicines optimisation on people with learning disabilities

The Chair thanked Heidi for the update on campaigns and said that it was tribute to David Branford that these campaigns had created a different way of working and helped to focus the organisation and increase recognition for pharmacy amongst major stakeholders.

The issue of a national common or minor ailments scheme for pharmacy was raised and how if implemented it had the potential for great NHS savings. Howard Duff said that the costs of such a scheme could probably be extracted from the GP budget and said that a case has been made for this to happen.

Action: It was suggested that the video of a national common ailments scheme for pharmacists be pushed out further and retweeted. Staff and Board members

Action: Chair will be contacting all Board members and assessing their involvement in the campaign and other work -SG

15/85 EPB Business Plan

The English Pharmacy Board noted paper 15.06/EPB.10.

Howard Duff highlighted a few items on the plan and said the plan was a comprehensive overview of all the work of the EPB. He informed Board members that if they had any questions relating to the business plan to contact him outside of this meeting.

Anti-Microbial Resistance

Helen Gordon said that the Anti Microbial Resistance Delivery Group had met once and were currently working on their terms of reference – once complete these will

be circulated to the EPB. The group is aiming to get to grips with what is happening in relation to anti microbial resistance across the spectrum of healthcare. The RPS will be taking a paper to the next meeting on the work pharmacy is currently involved in within this area. The EPB is asked to consider where there is more that can be done. Dame Sally Davies, author of the report on AMR, meets yearly with all the Royal Colleges to discuss progress.

Action: Circulate AMR delivery group terms of reference when ready – HG

Action: Report back on this group at the next EPB meeting.

Innovators' Forum

A meeting of the forum is taking place at the Society on 26th June when the next project - medicines adherence – will be discussed.

LPN Chair

The next meeting of the LPN chairs has been brought forward to 15th July due to the summary care record roll out announcement.

Reporting and Learning

Helen Gordon highlighted that there was increased activity in these areas and that the EPB needs to lead this work.

Public Health Standards

With the increased activity at the Pharmacy Public Health Forum the importance of the RPS Public Health Standards will need to be raised. The EPB to lead this increased activity.

15/86 Review of “Call to Action” response

Howard Duff welcomed Deborah Jaines, *Head of Primary Care Policy and Contracts Commissioning Operations (Central Team) NHS England*.

Howard introduced paper 15.06/EPB.11 which serves to frame the discussion for this session. He highlighted the seven key contractual themes of the EPB. He said that since its inception the EPB had lobbied for an enhanced community pharmacy role. The *Now or Never* work has resulted in the five areas of campaign work led by the EPB. In March 2014 the pharmacy profession put a lot of effort into their responses for the Call to Action for Community Pharmacy, the RPS response was akin to a manifesto for community pharmacy.

Deborah thanked the Board for inviting her to their meeting and introduced her position as having responsibility for the development and negotiation of the primary care contracts. She made the following points:-

- Pharmacy was the road not taken – would not be allowed today
- Community pharmacy has the first exposure to patients
- Overall themes in the Call to Action have been included in the Five Year Forward View (5YFV)
- The EPBs introduction paper is very much in tune with the themes of the 5YFV

- Response to the Call to Action was not published – new Chief Executive – new language – but the themes were carried through
- Ensure better use of pharmacists' clinical skills
- Contractual framework to be better aligned with primary care contracts
- Supporting the IT infrastructure is crucial
- Access to SCR supported
- Expand the role of the pharmacy team
- Enable pharmacy to be recognised as a key place of patient care
- Enhance the role of Health Living advice
- Integrate with urgent care systems – including NHS 111

Deborah said that pharmacy had done a great job of influencing as the themes aligned.

She highlighted specific areas of the 5YFV:-

- Multi speciality community providers – joint working across pharmacy and GPs – (she had a sense that pharmacy was more than ready for this)
- Primary and acute care system – stimulate greater engagement across who care pathways including care homes and vulnerable people.
- GP workforce crisis – couple with a surfeit of pharmacists – positive position
- Local rather than national (most likely to be promoted by NHS England)
- Co-commissioning – place based commissioning
- Alignment of contracts important – continue to seek incentives – increasing local focus
- Unlikely co-commissioning of primary care will stop at GP services – reason why CCGs cannot take on commissioning of pharmacy services
- Access to primary care and GPs – strong driver of government – cannot be achieved by individual practices – only by networks and federations
- Prime Minister's challenge – pharmacy triage – great examples – building coalition of support

Deborah congratulated the EPB saying they had been incredibly influential especially in gaining access to the SCR. She said she would support the call for pharmacists to have write access and do all she could to make this happen. Deborah also congratulated the EPB on forging a good relationship with the Royal College of General Practitioners.

Board members thanked Deborah and added that pharmacy had a big vision to be the first port of call for patients and that there should be more support for pharmacist prescribing and gave the example of increasing the scope of pharmacists giving vaccinations. Deborah was also asked to look at patient based commissioning when looking at alignment of contracts. There was also a call for

GPs to have a greater understanding of what pharmacists could offer especially in relation to the new medicines services and medicine use reviews.

The Chair asked the board to revisit the seven themes as a sense check and to ensure new board members were informed:-

Contractual Alignment

Some of the points raised:-

- consistency of the pharmacy offer.
- shortages of community nurses, especially in London and how pharmacy could be used to alleviate this pressure, for example by giving insulin injections and warfarin.
- Educate acute trusts in using community pharmacy more effectively
- Management of urgent care system
- Management of very ill patients – returning home – pharmacy support
- Annotate prescriptions – money from global sum should be spent on value added clinical checks on new or amended prescriptions – computers should be programmed to differentiate –public safety benefit.
- Experiencing shift in public perception of pharmacy – more seeking advice
- NHS England communications – very effective
- National v local – prime minister’s challenge fund – great examples of pharmacy services but not universal – need more local innovation to happen

Deborah Jaines advised that it would be helpful to prioritise two or three things to take forward for the alignment of contracts and said that MURs and NMS were good examples. Board members agreed that clarity was needed around what pharmacy wanted to see in the national contract and this may not be the same view as PSNC. Howard suggested that the asks should be categorised as follows:–

- National – what makes sense to commission once, nationally
- National guidelines but implemented locally – services expected to be fairly uniform but allowing for blending with local arrangements
- Local – what should be reserved to localities

Board members raised the issue of pharmacy being unable to access the £3.6 million better care fund – access is only through the multi-speciality providers – Deborah Jaines said she was unaware of this.

Action: Sandra Gidley to invite Sue Sharpe to a future EPB meeting to discuss contractual issues – SG

Action: EPB to agree two or three key issues that would benefit from better integration

Action: EPB to be explicit about what should be national, nationally tendered and local

Pharmacists and Care Homes

Some of the points raised:-

- Consider frail elderly who are at home (covered in item 6 – medicines optimisation).

Better Commissioning – nothing further to report

Minor Ailments – nothing further to report

Access to patient records

Some of the points raised:-

- Moving forward significantly
- Access given only on patient's consent
- Differentiate our access from care.data – media conflate the two – need to be clear to patients

Medicines Optimisation

- Domiciliary MURs not being allowed in some areas of the country unless special permission is obtained
- 50% figure to be removed from text
- Money to be directed to value added services – need to articulate this
- Helping the frail elderly to stay out of hospital
- MURs – if patients had a MUR before a clinical review it would help with the alignment of contracts
- MURs – identify people at risk
- MURs – pharmacists need a broader repertoire of medicines to target
- Include something about pharmacist prescribers
- MURs – endorse the work on anti-depressants
- Information missing at the time of writing the response includes the NICE optimisation guidance and the Quality Standards framework which is due out in March next year – this will then go into the contract and is around the needs of the patient or carer.
- Post discharge MURs – medicines reconciliation – targets and caps should be removed

Community Pharmacy Staffing

- Public health role is often left to unsupervised staff
- Healthy living pharmacies principles re delegation, leadership, management etc – need a systems approach
- Need to drive up standards
- Campaign for having a 2nd pharmacist to be prioritised.
- New premises framework – due October
- Optimal use of skill mix

- Transparency of staffing levels
- Variability in pharmacy staffing – sometimes levels are unsafe – accountability and understanding the risks involved.
- Understanding the role of the RPS in staffing levels
- Need to emphasise patient safety
- Team approach

The Chair thanked Deborah Jaines for attending the meeting and for the sharing of information, Deborah responded saying she had nothing further to add and will be going away with a clearer insight of the issues.

15/87 Agree Key Messages

The English Pharmacy Board listed a number of key messages that could be used:-

- Jonathan McShane and Deborah Jaines attending the meeting
- Announcement of access to the summary care record
- Announcement of chair, vice chair and Assembly members

The Chair thanked Stephen Robinson for attending for the whole meeting.

15/88 Any other open business

15/88.1 Board members input into the agenda

The Chair asked board members to think about how they could contribute to the agenda and she will be discussing this with board members individually by telephone.

15/88.2 Falsified Medicines Directive

Sultan “Sid” Dajani raised this item. He said he would like to emphasise how important this issue is for pharmacy and how the EPB stance is not the same as Scotland and Wales. The EPB had asked for more information on which to base their decision. Sid reported that there had been major developments and that three providers had now been chosen and this will affect every dispensing member of the RPS. He added that as the RPS are now excluded from the MVO there is no presence at the meeting where these decisions are being made. FMD is the biggest issue to affect dispensing practice and there will be concerns around labelling.

Sid requested meetings be arranged for him to talk to Scotland and Wales on this issue and for FMD to be discussed at the October EPB meeting by which time the delegated act should be published. Sid undertook to circulate a paper on FMD.

Action: Arrange meetings on FMD with Scotland and Wales – CW

Action: Circulate paper on FMD – SSD

15/89 Close of meeting

The open session of the meeting closed at 4.00pm and the Chair thanked all those present for attending including invited guests. The Chair invited feedback from those present on how the meeting had gone and ideas for improvements.

15/90 Dates of next meetings (2015)

EPB working day

Wednesday 7th October 2015

EPB meeting

Thursday 8th October 2015

Board Members please note: All of the above dates are to be diarised. Board meeting dates are firm dates but Working Days will only be used at the discretion of the Chair and the Director for England.