



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

**Minutes of the meeting held on 8<sup>th</sup> October 2015 in the Training Room, School of Pharmacy, Stopford House, Manchester University**

### **Present**

Sandra Gidley (Chair)  
Catherine Armstrong  
Anthony Cox  
Sultan "Sid" Dajani (until 15.00pm)  
Aamer Safdar  
Tony West

Claire Anderson (Vice Chair) (until 15.45pm)  
Martin Astbury  
David Carter  
Deborah Evans  
Ash Soni (until 15.00pm)

### **Invited Members and Guests**

Michael Champion  
Lottie Bain  
Laura Sile  
Nick Kaye  
Sue Sharpe  
Mohammed Hussain  
Nicola King (from 9.15)

East Anglia LPF  
President, BPSA  
BPSA Executive  
Peninsula LPF  
Chief Executive, PSNC  
NHS England  
Consultant, Governance Review

### **In Attendance**

Helen Gordon  
Howard Duff  
Mair Davies  
Catherine Duggan (teleconference 9.30am until 9.45am)  
Charles Willis  
Neal Patel  
Alice Dartnell  
Yvonne Dennington

Chief Executive  
Director for England  
Director for Wales  
Director of Professional Support and Development  
Head of Public Affairs  
Head of Corporate Communications  
Local Engagement Lead  
Secretary to English Pharmacy Board

### **Apologies**

**Mike Hannay**  
**Mahendra Patel**  
**Sibby Buckle**

#### **15/104 Welcome and Introductions**

The Chair welcomed EPB members, invited guests and staff to the meeting at Manchester University. The Chair gave a special welcome to Mair Davies who is new in post as the Director for Wales, Sue Sharpe, Mohammed Hussain, Michael Champion, Lottie Bain and Laura Sile. The Chair invited the guest members to contribute towards the debates if they wished. All present at the meeting were asked to introduce themselves.

Nicola King gave apologies for lateness as she was held up in traffic, she was in attendance as an observer.

The Chair advised the Board that the order of the agenda would change to accommodate a telephone call from Catherine Duggan regarding the Faculty update under paper 15.10/EPB.08. The Chair asked for this item to be viewed as confidential business and no tweeting of this item is allowed.

#### **15/105 Apologies**

Apologies were received from Mike Hannay, Mahendra Patel and Sibby Buckle.

#### **15/106 Declaration of Interests**

**The English Pharmacy Board noted** paper 15.10/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.

#### **15/107 Minutes of the EPB meeting held on 25<sup>th</sup> June 2015.**

The minutes of the meeting held on 25<sup>th</sup> June 2015 circulated as paper 15.10/EPB.04(i) were received and **agreed** as a correct record.

The minutes of the meeting held on 25<sup>th</sup> June 2015 circulated as paper 15.10/EPB.04(ii) were received and **agreed** as a correct record subject to the following amendment:-

**Present:** Amit Paresh should read Amit Parekh, Vice President elect of the BPSA. Michael Champion was also representing the BPSA as Secretary General in addition to his role for the East Anglia LPF.

#### **15/108 Matters arising not specifically included on the Open Business agenda**

**The English Pharmacy Board noted** paper 15.10/EPB.05 and the following issues were raised:-

##### **15.46 CPPE – self declaration**

Chris Cutts has been invited to the January meeting.

**Action: Work to be done on self-declaration regarding competencies in preparation for the January meeting – HD**

##### **15.49.2 Polypharmacy**

Mahendra Patel is working closely with RCGP on a conference on Polypharmacy scheduled for 20th April 2016.

**15.82.3 LPF sponsorship**

**Action: It was agreed that a “rough” set of guidelines be developed to help LPFs obtain sponsorship – they should not be too prescriptive.**

**15.82.7 Science and Research**

It was reported that a programme was aired on BBC television (Rip-off Britain) on 7<sup>th</sup> October 2015 on homeopathy which could provoke strong reactions.

**15.85 Anti-Microbial Resistance**

Duncan Selbie has authorised the circulation of papers to the EPB for the PHE AMR Priority Programme Delivery Board. It is to be noted that the English Pharmacy Board support Helen Gordon’s role on this Public Health England board.

**Action: Helen Gordon will circulate papers**

**15.88.2 Falsified Medicines Directive**

Sultan “Sid” Dajani asked for the paper he had submitted earlier in the year to be circulated.

**Action: It was agreed that this paper will be circulated to all National Pharmacy Board members - CW/HD/AMcK/MD**

**15/88 Falsified Medicines Directive**

There will be an update regarding the Delegated Act in January 2016.

**Action: It was agreed to reconvene the cross sector working party. Nick Kaye was invited to join the group - CW**

Discussion continued on FMD. Nick Kaye aired his view that he thought FMD would have a detrimental impact and didn’t agree that it was all about safety.

Mohammed Hussain added that he could see the risks but there were also opportunities to link FMD with EPS. It is important to influence this work, as it will be happening, to ensure the system works for pharmacy and pharmacists.

The Chair asked for debate to be held over until the January meeting.

**15/109 Professional Development and Support Update – Faculty (paper 15.10/EPB.08)**

As explained by the Chair, Catherine Duggan joined the meeting at this stage (9.30am) by telephone for the item on the Faculty.

Catherine highlighted that there have been 100 submissions to date, with 20 more expected before the end of October which does not include the submissions from her own team. Another 30-40 are required before the end of December to make the target. The programme will now become a rolling programme with submissions being received every month. Day Lewis pharmacies will be holding a faculty event in November.

International interest is growing with signed agreements with Iceland and Japan and currently other countries are interested.

Howard Duff made a personal statement that he had embarked on the faculty programme and encouraged board members to also make the commitment.

Recognition for taking the first steps was called for, it was felt this might encourage uptake as it could be daunting for grass roots pharmacists to embark on this programme.

Pharmacists who have gone through the programme are offering to help with messaging, the power of the peer is to be encouraged.

Catherine Duggan said she would welcome ideas regarding a mentoring system for faculty members. It was suggested that faculty members should be mentors automatically.

It was reported that two PhDs are currently being undertaken looking at the Faculty.

The faculty is a key differentiator for the RPS and it is important to get the messaging right about the importance of becoming a faculty member.

Sandra Gidley said she is unable to make all faculty meetings and called for members of the board to put their names forward to be a link with the Faculty.

Aamer Safdar put his name forward.

Questions were asked around publicising the faculty internationally. Helen Gordon reported that Catherine Duggan was considering this and would report back in due course.

Helen Gordon reported that she will be meeting with the Chief Pharmaceutical Officer regarding education and the faculty will be part of that discussion.

**Action: Sandra called for others who have completed the faculty journey to put their names forward after the meeting, she will then decide and inform the Board.**

**Action: Catherine Duggan, Patrick Stubbs and Deborah Evans to meet to discuss messaging and tools re the faculty – CD/PS/DE**

#### **15/110 Governance Handbook 2015-2016**

**The English Pharmacy Board noted** the Governance Handbook 2015-2016 which was approved by the Assembly at their meeting in July 2015.

#### **15/111 Sue Sharpe, Pharmaceutical Services Negotiating Committee (PSNC) on current contractual issues**

The Chair welcomed Sue Sharpe to the meeting and asked for there to be no tweeting of this session to aid an open debate.

Sue explained that the PSNC was recognised by the Secretary of State as the representative organisation for community pharmacy NHS providers representing pharmacy owners on NHS matters. She further explained that there were two strands of work

- National negotiations – National Pharmacy Contractual Framework Which provides the core funding and common services which are really important for community pharmacy. PSNC work with the four contractor professions on alignment of national contracts.

- Supporting Local Pharmaceutical Committee (LPCs) which represent pharmacy owners – there are approximately 73 LPCs around the country.

#### Current contractual issues

Flu vaccination service – Sue explained that agreement was reached back in January but was only signed off in September leaving very little time for launching – it has got off to a very good start with over 150 000 vaccinations administered in the first two weeks.

The NHS financial crisis is creating massive opportunities for pharmacy – although there are some concerns in government that tabloids will report that pharmacy is a 2<sup>nd</sup> class service – pharmacy has to get over this credibility gap and seize the opportunities.

Unfortunately the PSNC did not manage to secure the minor ailments advisory service as envisaged which was a great disappointment – it was rejected at the last moment.

#### PSNC – 5 point plan

PSNC has launched a 5 point plan and Sue called for support from the RPS/EPB for the plan. The five areas are:-

- Easy access to urgent medication (currently referred to GP out of hours service which is costly at about £60)
- Advice using pharmacy as first port of call
- Caring for frail and older people (using community pharmacy to help frail people with medication, domiciliary visits – which can lead to a 30% reduction in administrative and cost saving.
- Long term conditions management (medicines optimisation services)
- Undiagnosed respiratory disease (pharmacists can play an important role on COPD – significant savings in lifetime treatment costs).

#### Other big issues

- EPS – managing repeat prescriptions and waste medication
- Misalignment of GP and community pharmacy contacts needs to be removed. Pharmacy remuneration is linked to dispensing - been pushing for patient registration – NHS not in favour due to patient choice. With EPS the patient registration route could be easier. Objective is to remove perverse incentives and the key is registration of patients. Encourage NHS staff to recognise this as a block.

#### Negotiating process

PSNC negotiate with NHS Employers (body for pharmacy and GPs). NHS England and DH are one step removed from this process. During the summer months the future plan is discussed. Formal negotiations commence after proposals have been submitted and soundings have been taken from DH and at some point NHS England develops its mandate which is signed off by DH. Once agreement is reached this needs to be signed off by NHS England and the Minister. With GPs the mandate is driven by ministers whereas with Community Pharmacy it is largely

driven by NHS England. It is important for PSNC to influence ministers. A record is kept of all discussions. The core sum is not up for negotiation and experience so far indicates that the core sum cannot be added to.

PSNC and NHS England have the joint ambition to align timescales.

### Issues for PSNC

PSNC would like support for their five point plan and support for professional recognition for summary care access – read and write. The RPS and PSNC could work together on this.

PSNC encourages pharmacists to become prescribers as the lack of pharmacist prescribers is holding the profession back. PSNC will support the RPS with this initiative.

The Chair thanked Sue Sharpe for her open and frank address and asked Board members if they had any questions.

Tony West agreed to support prescribing but said acceleration or upscaling requires legislative change and urged the RPS to work with the nurses on this. It was recognised that pharmacy should be treated as a special case as pharmacists already complete a five year degree on medicines.

Ash Soni asked if the model of embedding repeat medication service into 111 centres, as is happening in London, could be done nationally and also referred to hub and spoke being a risk to the pharmacy network.

Sue agreed that hub and spoke could be a risk to the network and there was little understanding of the impact that the demise of the network would have on GPs, A&Es and the elderly. A debate was needed on this issue. Ash said that there was a lot of work going on in the background and he was attending a planning meeting in November. Further discussion continued on not confusing the hub and spoke model with remote dispensing and also the value added element that a pharmacist brings to the supply of a prescription. Sue agreed that the role of the pharmacist was to be recognised because if patients were not getting the additional value then they would use providers such as an Amazon type model.

Questions were asked about the development of standards for services and negotiating for a 2<sup>nd</sup> pharmacist. Sue replied that the PSNC had a small staff and that due to the nature of negotiations being in strict confidence it was not possible to ask for help in preparing standards for services. Sue said she would discuss with PSNC gaining agreement to engage the RPS on a limited disclosure basis to assist with standards for services that were at the negotiation stage.

**Action: Howard Duff to follow up with Sue Sharpe regarding PSNC gaining agreement to engage with the RPS.**

Questions were asked regarding the public health role of pharmacists and the difficulty Community pharmacy has in commissioning services. Sue replied that Public Health England had no power to commission nationally. The way forward will be a role for LPCs and providers. Community pharmacy needs to federate to become the provider arm. The providers will then be able to performance manage the community pharmacy contractors for services they provide.

PSNC were congratulated on securing the flu vaccination service with the Patient Group Direction and Service Level Agreement. However employees were still experiencing difficulties with declarations of competence and this may be an area that PSNC can lend support to improve. Concerns were raised regarding the funding of new services, it was felt that new services need new money and the current principle is that the money is spent on dispensing. The points were raised regarding funding for a second pharmacist when a dispensary was dispensing over a certain number of prescriptions and also differentiating on a prescription when items were new and therefore needed more consultation. Sue thought a differentiator was a good point.

Regarding pharmacy getting over the credibility gap, reference was made to the sale of homeopathic products fuelling this lack of credibility. Sue agreed that such activities did damage the profession but that there was some merit in patients obtaining pharmaceutical care in a shop like environment.

Regarding the issue of prescribing it was highlighted that all graduates in Wales will be qualified prescribers and agreed that as a profession pharmacists are different from nurses as the pharmacy degree is a five year course, this should be recognised and it is hoped the HEE will take account of this. A board member who is a practising pharmacist prescriber added that the undergraduate syllabus needs to be reviewed to give newly qualified pharmacists the skills they will actually need in the workplace, there is currently a strong focus on diagnostics.

Further discussion took place on the annotations of prescription and how these multiple interventions could be reduced. It was reported that GPs are in favour of this. Sue agreed that a discussion needs to take place regarding generic and therapeutic substitution and prescribing costs.

The chair thanked Sue Sharpe for her open and frank discussion and said there was much overlap in the work of the two organisations.

**Action: It was agreed to bring a paper on prescribing back to a future board meeting for a fuller discussion on this topic – HD/HW**

#### **15/112 Update papers for noting formally by the English Pharmacy Board**

The Chair informed the Board that staff had been requested to submit updates of no more than 4 pages, and the reports will be for noting only. If there is anything more substantial that needs to be discussed this will form part of the agenda as a substantive item. As from 2016 these updates will be circulated to Board members four weeks ahead of the board meeting to allow sufficient time for either questions from board members to be satisfactorily resolved or for the topic to become a substantive item on the agenda.

### **15/112.1 Corporate Communications update**

**The English Pharmacy Board noted** paper 15.10/EPB.07 (i). The Chair thanked the Communications team for their outputs and appreciates how hard they work to achieve this.

### **15/112.2 Public Affairs update**

Charles Willis was asked to give a verbal update. Charles reported that he had attended three party political conferences, along with the help of Aileen Bryson, Sibby Buckle, Howard Duff and James Dunlop and that a written report will be with the Chair within the next two weeks. He added that great inroads had been made at the conferences with the promise of follow up meetings with constituency visits, more detail will appear in the report. It is to be noted that comments at the conferences included that the RPS is everywhere.

**Action: Full report of the conferences to be with the Chair by 22 October 2015 – CW**

### **15/112 .3 LPF update**

**The English Pharmacy Board noted** paper 15.10/EPB.07 (iii)

The Chair said that a webinar had been held for the board to discuss the LPFs in more detail but had been poorly attended by board members. Future webinars will be held on a monthly basis and a timetable will be circulated. It is likely the next one will be on Public Affairs.

The Board were urged to get involved with the work on the review of the LPFs as it will have far reaching effects.

BPSA were asked to share their list of their local people in order that Alice Dartnell can communicate directly with them.

**Action: obtain list of BPSA local representatives – AD**

Alice Dartnell explained the programme of events planned to gather member and staff views on the vision for LPFs.

**Action: Board members requested that they are asked directly if they are expected to attend the LPF development day - AD**

**Action: The views of the members and staff will form the basis of the interim key findings which are to be shared with the English Pharmacy Board and the Professional Leadership Group in the first instance. Subsequently this will be badged as a consultation on the findings and will be shared with the**



**LPF steering groups at their development day on 15<sup>th</sup> November 2015 to gather their views. The English Pharmacy Board at their meeting in January 2016 will make a decision based on further feedback gathered at the development day. - AD**

#### **15/112.4 IM&T update**

**The English Pharmacy Board noted** paper 15.10/EPB.07 (iv).

Howard Duff introduced this item saying that there is much activity on the IM&T agenda. He displayed a slide showing the various groups involved in pharmacy informatics and their reporting lines to illustrate the complexity of the whole IM&T programme.

**Action: Slide to be updated with a focus on GB groups – HD/HW**

#### **15/112 .5 Pharmacy Public Health Forum**

Helen Gordon gave a verbal update. There are no minutes to circulate at this stage. There is a huge commitment to accelerate the Healthy Living Pharmacy programme. The Forum is looking at a model of level 1 being open to self-assessment.

#### **15/112.6 Consultations and Policy Update**

**The English Pharmacy Board noted** paper 15.10/EPB.07 (vi)

The Chair emphasised how responding to so many consultations took a lot of time and effort and that it is important to be discerning in assessing where effort can be most effective.

Tony West highlighted that the Medicines Optimisation policy standard was out for consultation with a short time frame. Tony pointed out that once guidance becomes a quality standard it then forms part of the Hospital Standards and hence a contractual requirement for 2016/17. Questions were asked about RPS badging the NICE quality standards. Progress on NICE accreditation will be sought from PDS.

**Action: Follow up on Medicines Optimisation consultation - Catherine Armstrong offered to help – HW**

**Action: Seek progress on NICE accreditation – CD**

#### **15/112.7 Medicines Optimisation update**

**The English Pharmacy Board noted** paper 15.10/EPB.07 (vii)

## 15/113 Professional Support and Development Update

The English Pharmacy Board noted paper 15.10/EPB.08 and appendix 1 which included the following updates:-

- Science and Research
- Library and Museum
- Faculty (subject of separate discussion under item 15/109)
- Professional Standards
- Workforce
- Foundation

## 15/114 English Pharmacy Board Campaigns

Howard Duff introduced this item and gave a presentation on progress to date.

### Pharmacists working with GPs

Concerns were raised that the RPS was seen externally to be promoting only one model of working with GPs whereas there are many different models such as sessional working. This could be off putting to GP practices who wish to engage the services of a pharmacist. More should be done to promote other models.

This campaign has to date generated a lot of success. The launch of the campaign did well by social media standards with the event “trending” on twitter.

Discussion continued on the joint consultation with NAPC, which closes on 9<sup>th</sup> October, and the interesting level of debate the consultation has caused. Contributors are concerned that this is a “done deal” whereas the consultation is genuinely seeking views. There is a round table event scheduled on 8<sup>th</sup> December 2015 with NAPC and stakeholders to discuss the themes that emerge from the consultation.

The themes captured in the responses will be shared with the EPB for discussion ahead of the roundtable event.

It was suggested that the consultation process could be improved for the future and stakeholder engagement enhanced ahead of release. The RPS should focus on being open and transparent throughout the whole process.

**Action: Circulate presentation - YD**

### Patient Health Record

The campaign was launched on 30<sup>th</sup> September. This campaign will focus on the importance of read and write access for the pharmacist to the patient’s electronic health record.

### Outstanding campaigns

The two outstanding campaigns are Long Terms Conditions and Care Homes. Claire Anderson is currently updating the policy briefing on care homes a draft of which will be circulated for Board input.

**Action: Claire Anderson to circulate updated draft of Care Home policy briefing.**

Discussion continued around which campaigns should be tackled next. It was highlighted that PSNC are seeking support for a common ailment scheme and emergency supply service.

## **15/115 EPB Business Plans – 2015 and 2016**

**The English Pharmacy Board** noted papers 15.10/EPB.12 (i) and (ii).

### Business Plan 2015

Howard Duff explained that the business plan was a “contract of work” between the Board and the staff and the spreadsheet kept account of the major priorities which have significant importance as well as other work that was not a high priority but should not be forgotten.

Regarding item 6 – medicines optimisation – developing an advisory board with other Royal Colleges – this has not yet happened. The Chair undertook to raise this at a future meeting with RCGP.

**Action: speak to RCGP re medicines optimisation advisory board - SG**

Polypharmacy: Mahendra Patel is working closely with the RCGP to arrange a conference on Polypharmacy. This is scheduled for 20<sup>th</sup> April 2016.

Transfer of Care: Further work has been done on this by the Innovators’ Forum. Heidi Wright is asked to report back on the impact of this work.

**Action: Report back to the EPB on the work of the Innovators’ Forum in relation to the impact of “Hospital Referral to Community Pharmacy” in January - HW**

Collaborative contractual working (item 10) – currently on hold.

Pharmacist Prescribers (item 11) – in light of the presentation by Sue Sharpe (PSNC) further consideration of this worksteam may need consideration.

Antimicrobial Resistance (item 12): This is a high level government priority and an advisory group has been set up and Helen Gordon has been personally invited to sit on it.

Annotation of prescriptions (item 13): There has been no progress on this to date.

The Chair added that this discussion on the Business plan for 2015 set the context for further discussion on the 2016 business plan. A further discussion on community pharmacy may also have an impact on the 2016 business plan.

### **Business Plan 2016**

(Please note: this item was actually discussed after minutes 15/116 and 117 but is included here for ease of reference).

Howard Duff introduced paper 15.10/EPB.12 (ii) saying that the narrative had been developed following on from email exchange from all board members.

As agreed in 15/116 below Community Pharmacy standards will be a substantial piece of work for 2016. The Chair encouraged debate from the Board as to which pieces of work could be dropped or put on hold. Much discussion continued and it was generally agreed that nothing could be dropped and that some issues were coming to the forefront such as federations.

It was agreed that Martin Astbury would revisit the paper on annotation of prescriptions in the context of adding value and differentiating between newly prescribed items.

**Action: paper on annotation of prescriptions to be refreshed and shared with PSNC – MA/HD/HW**

**The English Pharmacy board agreed** that the first campaign for 2016 will be Care Homes. Deborah Evans and Claire Anderson have expressed an interest to lead on this. The Chair called for other board members to make their interest known to her.

**Action: Board members asked to register their interest to lead on the Care Homes Campaign – Board members/SG**

Discussion continued on the importance of the work on error reporting and creating a learning culture and how this fits in with the programme of work for 2016. This piece of work must be delivered in order to justify why legislation is to be changed. It was highlighted that hospital pharmacy can support community pharmacy in working on this as they are already working with the “Duty of Candour” regulations. A project plan needs to be scoped with the Professional Development and Support directorate to identify issues and resources. Some of the EPB workstreams may need to be put on hold or delayed to accommodate this work and there may need to be a re-think on what is more important as prescribing seems to be increasing in priority as it does underpin all of the EPB campaigns. Prescribing needs to be looked at in its entirety as there could be an in balance of newly qualifieds coming

out of university as prescribers whilst those who have been in practice a number of years may not be prescribers.

The Chair summarised the discussions by saying that the EPB will launch a care home campaign, commence work on a just culture (error reporting and learning) and look at a long term conditions campaign badged enhancing the non medical prescribing role of pharmacists.

**Action: The Chair will discuss prescribing in more detail with PSNC following on from Sue Sharpe's presentation to the EPB.**

### **15/116 Action Plan for Community Pharmacy**

Howard Duff tabled a paper "Notes to support discussion for agenda item 13 Action Plan for Community Pharmacy", this will be circulated electronically after the meeting.

**Action: Circulate tabled paper on Community Pharmacy - YD**

The context of the community pharmacy work came in the wake of the impact assessment of the Responsible Pharmacist regulations. Howard Duff highlighted the seven key issues identified by the community pharmacy task and finish group that met following on from the RPS conference in 2013 along with the seven key themes of the EPB that were described in the Community Pharmacy call to action response:-

#### Key issues identified

1. Career path/progression
2. Integration (inter-professional)
3. Empowerment
4. Professional Isolation
5. Recognition/status
6. Targets/time
7. Control over support staff.

#### Key themes in Call to Action response

1. Contractual alignment
2. Pharmacists and care homes
3. Better commissioning
4. Minor ailments
5. Access to patient record
6. Medicines optimisation
7. Community pharmacy staffing

Currently the RPS has some 96 pieces of guidance for community pharmacy, current thinking is that the 96 separate pieces of guidance could be used as the basis of a “compendium for community pharmacy” and as best practice guidance for employers. The profession has the current complication of pharmacy professionals being managed by non-health professional managers, who may not fully appreciate what it means to be a regulated health care professional.

This proposed work links the previous work done by the English Pharmacy Board with the learning and reporting elements of a just culture. The English Pharmacy Board needs to decide whether it is appropriate for there to be standards for community pharmacy. There is currently much debate on the GPhC standards and perhaps the RPS could work with the GPhC on inspection.

**Action: Raise the issue of working together on inspections at next meeting with GPhC – SG/HD**

There was some support from board members for a compendium for community pharmacy as this could evolve with need. It is important to focus on the quality of outcome and a reporting and learning culture. It was highlighted that when the organisation embarked on hospital standards, these were driven by the hospital sector with a view of doing the best for patients. Others said that guidance may not solve the problem and the whole issue of community pharmacy needs revisiting to understand the challenges, and to identify the enablers. Working on targets is the remit of Pharmacy Voice not the RPS.

Reference was made to the RPS interim community standards that were developed some time ago. It was suggested that these were revisited.

There was some discussion around what the RPS was trying to achieve and its specific professional body role. It was reported that a review is currently underway to assess the objectives and goals of the organisation for the next five years, but that currently the RPS mission statement is publicised on the website as “what we are and what we do”.

The BPSA highlighted the current discontent amongst pre-reg with their careers in community pharmacy.

The Chair summarised the discussion saying there appeared to be a will to do some work around community pharmacy standards and to work closely with the GPhC. This work is also to include a piece of work about empowerment which is linked in with the Rebalancing Programme Board. The English Pharmacy Board **agreed** with this way forward. It was proposed that a small working group will be set up to work closely with Catherine Duggan and her team to scope the work and to report back to the English Pharmacy Board.

**Action: Circulate the 2013 RPS Interim Statement of Professional Standard Supply of Over the Counter Medicines – YD**

**Action: Set up small working group for community pharmacy standards – SG to send email to the Board calling for expressions of interest.**

#### **15/117 Update on IT from Mohammed Hussain, NHS England**

Mohammed thanked the English Pharmacy Board for inviting him and for welcoming him to the whole of the meeting. Mohammed's core role was within NHS England and he is also a GPhC council member.

Mohammed gave a presentation covering the overall thinking of the IT strategy including summary care records. Current access to the summary care record is through a portal using a smart card with the NHS number as the unique identifier. Mohammed touched on the enriched SCR, the use of which needs to be agreed between the patient and the GP – he suggested that this should be included into the contract to enable pharmacists to view the enriched SCR. He said it was a national challenge to fit the records together. A key point of SCR is that it is a consent record, every time a pharmacist accesses a patient record the consent of the patient needs to be given. Access to the SCR should reduce harm, waiting times and referrals. Mohammed reported that implementation of the summary care records was slightly delayed.

Mohammed noted that the leadership of the RPS has been pivotal in making change happen and the RPS was encouraged to continue to drive change.

Questions were raised about liability. It was reported that the NPA would be extending their cover to include this at no extra costs to pharmacists.

The Chair thanked Mohammed Hussain for his presentation.

#### **15/118 Agree Key Messages**

The Chair will discuss key messaging with Neal Patel, Head of Corporate Communications outside of the meeting, with a focus on celebrating the success of the DevoManc event in Manchester.

#### **15/119 Any other open business**

There was no any other business to report.

#### **15/120 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 two day meetings of the EPB and DevoManc evening meeting.

**15/121 Dates of next meetings (2016)**

EPB ~Working Day – 27<sup>th</sup> January 2016  
EPB meeting – 28<sup>th</sup> January 2016  
TENTATIVE – EPB working day 12<sup>th</sup> April 2016  
EPB meeting 13<sup>th</sup> April 2016  
EPB induction and working day – 22<sup>nd</sup> June 2016  
EPB meeting 23<sup>rd</sup> June 2016  
EPB working day – 5<sup>th</sup> October 2016  
EPB meeting 6<sup>th</sup> October 2016

***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.