



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

**Minutes of the meeting held on 28<sup>th</sup> January 2016 in the Events Room at The Royal Pharmaceutical Society, 66 East Smithfield, London E1W 1AW**

### **Present**

Sandra Gidley (Chair)  
Catherine Armstrong  
Sibby Buckle (from 9.10am)  
Anthony Cox  
Sultan "Sid" Dajani (from 11.15am)  
Mahendra Patel  
Aamer Safdar

Claire Anderson (Vice Chair)  
Martin Astbury  
David Carter  
Deborah Evans  
Mike Hannay  
Ash Soni  
Tony West

### **Invited Members and Guests**

Claire May  
Zoe Aslanpour

Sussex LPF  
Beds and Herts LPF

### **In Attendance**

Helen Gordon  
Howard Duff  
Catherine Duggan (from 9.50 until 13.00)  
Patrick Stubbs (from 9.50 until 14.15)  
Charles Willis  
Neal Patel  
Alice Dartnell  
Alina Lourie (for agenda item 11 only)  
Arash Hejazi (for agenda item 11 only)  
Julia Robinson  
Yvonne Dennington

Chief Executive  
Director for England  
Director of Professional Support and Development  
Director of Marketing and Membership  
Head of Public Affairs  
Head of Corporate Communications  
Local Engagement Lead  
Managing Director, Pharmaceutical Press  
Editor, Pharmaceutical Journal  
PJ Correspondent  
Secretary to English Pharmacy Board

### **Apologies**

Lottie Bain

President, BPSA

## **16/01 Welcome and Introductions**

The Chair welcomed EPB members, invited guests and staff to the meeting. The Chair invited the guest members to contribute towards the debates if they wished. She pointed out that one item would be taken as confidential business and asked for confidentiality of the discussion to be respected. All present at the meeting were asked to introduce themselves.

## **16/02 Apologies**

Apologies were received from Lottie Bain, President of the BPSA

## **16/03 Declaration of Interests**

**The English Pharmacy Board noted** paper 16.01/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.

## **16/04 Minutes of the EPB meeting held on 8<sup>th</sup> October 2015.**

The minutes of the meeting held on 8<sup>th</sup> October 2015 circulated as paper 16.01/EPB.04 were received and **agreed** as a correct record subject to a typo in the dates of future meetings.

## **16/05 Matters arising not specifically included on the Open Business agenda**

**The English Pharmacy Board noted** paper 16.01/EPB.05 and the following issues were raised:-

### **15/108 (15.49.2) Polypharmacy**

Mahendra Patel gave an update on the programme of the Polypharmacy Conference – Rhetoric to Reality – which is scheduled to be held on 20<sup>th</sup> April 2016. He is currently finalising the programme and gave details of speakers and panel members. Cost for members will be £25 and non-members £50. Details will soon be on the RPS website. Mahendra asked for feedback on the proposed poster/flyer. The EPB said they were happy with the design.

### **15/108 (15.85) Anti-microbial Resistance**

Other work has been going on including the anti-microbial resistance guardian campaign and Helen Gordon sits on the Public Health England programme delivery board. It was also reported that Tony West and Martin Astbury are members of English Surveillance Programme for Anti-microbial Utilisation and Resistance (ESPAUR). Martin will be attending a meeting in April.

### **15/111 PSNC – Sue Sharpe**

It was reported that since the last EPB meeting in Manchester when Sue Sharpe presented to the Board the Chair has kept in much closer contact with PSNC.

Many of the issues for PSNC as discussed at the EPB meeting on 8<sup>th</sup> October have been overtaken by the letter of 15<sup>th</sup> December 2016 regarding community pharmacy 2016/17 and beyond.

Regarding the issue of pharmacist prescribing – agenda item 14 will deal with this in more detail.

### **15/114 Patient Health Record**

David Carter raised concerns regarding access to the patient health record. At a recent local LPC meeting many concerns were raised in connection with the position and role of the privacy officer. Heidi Wright undertook to seek clarity on this issue and report back.

**Action: Seek clarity on the role of the privacy officer - HW**

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

This has now been taken over by events and the forthcoming work on community pharmacy for 2016/17 and beyond.

A meeting with GPhC is pending (10<sup>th</sup> February) where issues such as working together on inspections (action from last meeting) will be raised along with their current stance of having a watching brief on the community pharmacy for 2016/17 and beyond agenda. Some board members are concerned with the current stance of the GPhC as the emphasis should be on patients, therefore they should be involved from the start as it is a regulator's role to maintain patient safety and therefore they should be challenged. The Chair assured board members that this would be the subject of their discussions but on a less formal basis at the outset. The Chair asked board members to email any of their concerns to Ash who will raise the issue with Nigel Clark.

**Action: Email concerns re GPhC involvement to Ash Soni – all board members**

### **16/06 National Pharmacy Board Elections**

The English Pharmacy Board noted paper 16.01/EPB.06.

Howard Duff introduced the paper highlighting that from this year there will be no sectoral places on the English Pharmacy Board, it is to be noted that provision has been made to review this decision at every June meeting of the Board to ensure there is sufficient representation of the sectors. He also mentioned recent changes relating to on-line nominations and candidates' video statements.

With the removal of sectoral places the requirement to be technically in work is also removed. This prompted a discussion on the value of retired members and how this cohort could be used by the RPS as they are a significant resource that could be utilised to help with organisational capacity issues. Helen Gordon responded by saying that she was soon to facilitate a meeting with the retired members group which will be addressing this issue.

The Assembly at their meeting in November agreed for there to be a PJ insert this year that goes to all members to encourage them to vote, in addition to this the PJ will focus on the elections and the returning officers have recorded videos to encourage members to either stand or vote in the elections. It is hoped these initiatives will increase the voter turnout.

Concerns were raised over the hustings and how effective on line hustings are. This will be discussed at the elections meeting scheduled to be held with staff early in February.

**Action: Put on line hustings on the election meeting agenda – YD**

**Action: Retired pharmacists group – raise issue of helping with organisational capacity - HG**

**16/07 Update papers for noting formally by the English Pharmacy Board**

The Chair said that as these papers were circulated four weeks in advance of the meeting, and no substantial issues were raised for discussion, all papers would be for noting only.

**16/07.1 Corporate Communications update**

**The English Pharmacy Board noted** paper 16.01/EPB.07 (i).

**16/07.2 Public Affairs update**

**The English Pharmacy Board noted** paper 16.01/EPB.07 (ii).

**16/07.3 LPF update**

**The English Pharmacy Board noted** paper 16.01/EPB.07 (iii)

**16/07.4 IM&T update**

**The English Pharmacy Board noted** paper 16.01/EPB.07 (iv).

**16/07.5 Pharmacy Public Health Forum**

Helen Gordon gave a verbal update although there was not a huge amount to report on. The Royal Society of Public Health and Public Health England are running a survey aimed at Local Government Authorities and pharmacy to gauge what is going on currently. Work is going on regarding increasing the number of Healthy Living Pharmacies obtaining level 1. Currently reviewing a relaunch of the Public Health Standards in the context of other public health work going on which follows on from an interesting workshop that was held. Some discussion followed on the language of the Public Health Standards and how some felt they were difficult to read. Professional Development and Support directorate are currently doing some work around the standards to create greater understanding. Helen Gordon informed members that PPHF were aware of the decommissioning of services that was currently being experienced.

**16/07.6 Consultations and Policy Update**

**The English Pharmacy Board noted** paper 16.01/EPB.07 (vi)

**16/07.7 Medicines Optimisation update**

**The English Pharmacy Board noted** paper 16.01/EPB.07 (vii)

## **16/07.8 Web Development**

**The English Pharmacy Board noted** paper 16.01/EPB.07 (viii). Subsequent to the issue of the paper a supplier has been appointed. The EPB will be given regular updates on this project.

## **16/08 Professional Support and Development Update**

The reporting cycle for PSD was discussed and how it will fit in with the cycle of the board meetings. Catherine Duggan undertook to look into this and will give consideration to including a top level sheet showing progress (red/amber/green) on each workstream. The streamlining of writing reports for this team is as a result of looking at efficiency savings as the team wrote 19 reports in October, the team are now reporting as one, on a quarterly basis. The question was asked as to whether the new web development would include the facility to view progress of work on line. It was thought this will remain an internal function and not be part of the web development.

**The English Pharmacy Board noted** paper 16.01/EPB.08 which included the following updates:-

Professional support – standards and guidance

Research

Workforce Development

Science

Faculty and foundation – Catherine Duggan reported that there were now over 3000 members interested in the faculty (1 in 8 RPS members) and highlighted a CPD pilot which will provide evidence to GPhC of our model of choice for revalidation. 30 people are to become Faculty Champions and will be promoting the faculty on behalf of the RPS.

## **16/09 Discussion on “community pharmacy in 2016/17 and beyond” (CONFIDENTIAL)**

**This item was taken under confidential business and will form part of the minutes for confidential business (8<sup>TH</sup> February 2016).**

Those present at the meeting were asked to regard this item as **confidential** and this item should not be reported on without prior approval from the chair.

## **16/10 LPF Vision**

**The English Pharmacy Board** noted paper 16.01/EPB.10 and appendices.

Discussion opened with the number of events that had been planned with LPFs in connection with the recent consultation on community pharmacy. Alice Dartnell replied that uptake had been good and some LPFs will be having joint events with

LPCs. A slide set will be prepared to help with framing the meetings alongside the Department of Health slides on the consultation. Feedback will be encouraged from the LPFs to assist with the RPS response to the second round of the consultation.

The LPF steering group members present at the meeting asked for support for these meetings saying that positive messages from the RPS will be helpful.

The Chair added that things were changing rapidly and she was endeavouring to keep members up to date with her emails which will become more regular over this period of consultation. A podcast had also been produced by the chair to reinforce messages to members. Neal Patel added that many communication channels were being used to get messages out to members.

Howard Duff outlined the context for the current work on the LPF vision being driven by several factors. Firstly, the corporate risk of LPFs using the name and logo of the RPS. Secondly, the need to better describe to LPFs and others their primary purpose. Thirdly, as part of wider work to increase efficiency and reduce costs across the RPS. It was felt that a more unified approach was necessary, looking for consistency and quality.

In 2014 the Assembly signed off investment funding to give more resource to the management of LPFs and was looking for an increase in membership from this resource. In parallel to this the RPS is looking for efficiency savings across the organisation as part of its 5 year review.

The vision work looked at whether the RPS should have local engagement and if so were LPFs the right mechanism and what is their purpose? Extensive engagement has taken place identifying the different models of LPFs that exist, resulting in the conclusion that the LPFs are not delivering optimally for RPS on a number of levels which calls for change.

The engagement exercise has highlighted the need for LPFs to be economically sustainable and provide more consistency and quality, there appears to be a widening gap in the quality of LPFs. The RPS needs to provide a structure for LPFs that does not stifle localism. The recommendations for the new operating model can be found at Appendix B in the paper.

Questions were asked as to what will be different with LPFs. In response it was felt that consistency of quality should be improved and that they should be more aligned with the Board priorities and have a mechanism to feed into the Board. The LPF brand also needs to be more visible and not subsumed by other organisations such as CPPE.

Zoe Aslanpour highlighted the importance of running clinical events as these attracted members to attend.

Concerns were raised as to whether the vision work had really addressed the problem of member engagement and how members seek to engage with the RPS.

The consultation process had primarily focussed on people who are already engaged, although it was highlighted that non-members has been contacted along with some who are not engaged. The work was challenged on the basis of creating form over function. It should be about how we engage in the future, not remodelling the existing structure.

Helen Gordon added that she could not make a decision at this meeting on the future of LPFs as she would have to account to Assembly in April as to whether LPFs were a good cost effective mechanism of local engagement. Whilst recognising the hard work involved she was not sure the work would produce the results the RPS was looking for of increasing member engagement. It was highlighted that the work did not include a wide enough sample of respondents or a comparative analysis with networking in other similar organisations in order to bench mark.

In response the board lead for LPFs, Deborah Evans, expressed her disappointment that there was not the support for the work. She said that there should have been more clarity on the remit from the start, as she had been asked to look at how the RPS could optimise LPFs, and this work had delivered on that objective. She asked for clarification of the LPF strategy.

The Chair summarised that the Board were unable to make a decision on the future of LPFs at this meeting and that it should be deferred until the April meeting. She added that she was concerned with the issue of clinical events as she recognised strong support from the members of the LPF steering groups that were present at the meeting that clinical events were a great attraction for members at LPF meetings. Rebranding should also not go ahead until the issue of the future of LPFs was resolved. The Chair thanked Deborah, Alice and her team for the work on the vision and added that we are now in a better place in understanding the variance in LPFs and the new measures that are needed.

## **16/11 Update on the Pharmaceutical Journal and Clinical Pharmacist**

The Chair welcomed Alina Lourie and Arash Hejazi to the meeting.

Arash reported that the relaunch was almost complete with the journals now well distinguished from each other. The Clinical Pharmacist now had a robust peer review process and in time they will look at publishing primary research as a next step. Arash acknowledged that it takes time to build a reputation. Claire Anderson was thanked for her contributions regarding the peer review process.

It was noted that Julia Robinson has replaced Stephen Robinson as the RPS correspondent and that the section of the journal "My RPS" was performing well. The Board congratulated Arash on his achievements.

## **16/12 Public Affairs and Policy Statements**

### **16/12.1 Managed Repeats**

**The English Pharmacy Board agreed** paper 16.01/EPB.12 (a), subject to a review once the outputs of the Rebalancing Board on the role and remit of owners, superintendents, etc are known.

### **16/12.2 Principles of Medicine Supply**

**The English Pharmacy Board agreed** paper 16.01/EPB.12 (b) subject to a few minor changes and a review when the Falsified Medicines Directive comes into play.

The high level principles have been developed from a patient perspective, more detail will underpin these in due course. A small task and finish group is to be drawn from Board members across the countries to work on this detail, most of the work will be carried out using electronic methods. A number of board members put their names forward to undertake this work on behalf of the EPB, namely:-

Tony West  
Mike Hannay  
Mahendra Patel  
Martin Astbury  
David Carter

The following changes to the document were recommended- The word “convenient” is to be changed to “appropriate” throughout. Principle 1 should say “stored and distributed”. Principle 4 should say “review of medicines” instead of medicines review.

### **16/10.3 Homeopathy survey**

There was a lengthy discussion around the recommendations. The Board broadly agreed that a guidance document should be produced that makes it clear the RPS does not think there is place in a modern pharmacy for homeopathic preparations, but for those who wish to continue to sell such preparations best practice guidance should be adhered to. Heidi Wright highlighted that this guidance was GB wide, therefore she will confer with colleagues from Scotland and Wales on the changes recommended and report back in due course.

It was noted that the MHRA license homeopathic products, the RPS should therefore seek a meeting with both the MHRA and GPhC to discuss this issue.

**Action: Amend “Principles of medicine supply” policy document - HW**  
**Action: Homeopathy Guidance document to be strengthened with best practice and the RPS stance.**  
**Action: Seek meeting with MHRA and GPhC to discuss homeopathic products.**

### **16/11 English Pharmacy Board Campaigns**

Heidi Wright introduced this item and gave a presentation on progress to date.



Access to patient record – much work is going on behind the scenes in relation to the roll out. LPFs are working closely with local NHS England on the roll out. A successful parliamentary event was held in December which was covered by an article in the PJ. The team are currently looking for patient stories to help with the campaign.

Discussion continued regarding write access and how details annotated by the pharmacist onto the patient record are picked up by the GP. Health and Social Care Information Centre (HSCIC) are currently working on this. It was suggested that this should also be an item on the agenda of the IM&T group. It was reported that the GMS contract makes reference to the responsibility to share information.

Pharmacists working with GPs – Masterclasses have taken place in London, Birmingham and Leeds jointly with NHS England and CPPE – the majority of attendees have been from community pharmacy. NHSE are looking at expanding the pilot and developing KPIs for evaluation. The current funding of £31 million makes provision for evaluation.

#### Care home campaign

**The English Pharmacy Board agreed** paper 16.01/EPB 13.

The policy paper was presented to the Board for sign off ahead of the launch at the Kings Fund on 24<sup>th</sup> February 2016. Claire Anderson was thanked for her work on updating the policy along with Deborah Evans and Catherine Armstrong who had also contributed. As agreed the document will be shared with Pharmacy Voice following agreement by the Board. The document is an England only document but Scotland and Wales will use this as a basis for their own policies.

The issue of including a sentence along the lines of “where a pharmacist is an employee for this role a pharmacy owner must ensure that the pharmacist has time and resource” was discussed. There was some support for building safety into systems. As this is an issue that has come up previously it was decided that Ash Soni and the Chair will discuss this matter outside of the meeting with a view to finding solution.

**Action: Agenda item rewrite access to records and GPs view of this for IM&T group - HW**

**Action: Circulate presentation – YD**

**Action: Share care home policy with Pharmacy Voice – HW**

**Action: Ash Soni and the Chair to meet to discuss the inclusion of a sentence relating to an employee having capacity – AS/SG**

#### **16/12 Pharmacist Prescribing**

**The English Pharmacy Board noted** paper 16.01/EPB.14.

Following on from the EPB meeting in Manchester where Sue Sharpe highlighted the need for more pharmacist prescribers, it was brought to light that there were varying degrees of understanding of the issues which resulted in a background paper being produced.

The EPB were asked to agree to pursue the actions contained in the paper which are to lobby for a change in legislation (primary) and to call for changes to the MPharm degree. There are several avenues which could be used to promote these initiatives and it is recognised that there is a huge amount of lobbying to be undertaken.

Discussion continued on the advantages of changing legislation to enable health professionals other than doctors and dentists to supervise trainee pharmacist prescribers.

There was some discussion on the need to be a prescriber when there are so many PGDs. It was noted that in the future there may not be a need for PGDs.

**The English Pharmacy Board agreed** to take the actions forward and to write to the Pharmacy School Councils to ask for their support.

**Action: Write to Pharmacy Schools Councils asking for support – HD/SG**

**Action: Campaign as per the paper - All**

#### **16/13 Agree Key Messages**

The key messages from the meeting should focus on :-

The community pharmacy response

EPB working collaboratively with pharmacy voice.

#### **16/14 Any other open business**

There was no other business to report.

#### **16/15 Close of meeting**

The meeting closed at 4pm

#### **16/16 Dates of next meetings (2016)**

EPB meeting – 8<sup>th</sup> February 2016 (additional meeting)

EPB working day 14<sup>th</sup> April 2016 (Please note the change of date to 14<sup>th</sup> April as confirmed)

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.*