



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

**Minutes of the meeting held on 13<sup>th</sup> April 2016 in the Events Room at The Royal Pharmaceutical Society, 66 East Smithfield, London E1W 1AW**

### Present

Sandra Gidley (Chair)	Claire Anderson (Vice Chair)
Catherine Armstrong	Martin Astbury
Sibby Buckle	David Carter
Anthony Cox	Sultan "Sid" Dajani (from 11.25)
Deborah Evans (left meeting between 13.40 and 15.05)	Mike Hannay
Mahendra Patel	Aamer Safdar
Ash Soni	Tony West

### Guests

Mike Holden	Wessex LPF
Lara Rose	West Yorkshire LPF
Michael Champion	BPSA Secretary General 2015 – 2016 (left at 16.05)
Hannah Williams	Southern Area Coordinator elect for the BPSA(left at 16.05)

### In Attendance

Helen Gordon	Chief Executive
Howard Duff	Director for England
Catherine Duggan	Director of Professional Development and Support
Alice Dartnell	Local Engagement Lead
Neal Patel	Head of Corporate Communications
Heidi Wright	Practice and Policy Lead for England
Charles Willis	Head of Public Affairs
Richard Royal	Public Affairs Manager
Yvonne Dennington	Secretary to English Pharmacy Board

### 16/39 Welcome and Introductions

The Chair welcomed EPB members and staff to the meeting and invited all present to introduce themselves.

As this is the last meeting that both Tony West and Anthony Cox will be attending as Board members the Chair thanked them for their contribution over the past years saying that both had made an impact and wished them all the best for the future. It is hoped the RPS can continue an ongoing relationship with both Tony and Anthony using their skills and expertise. The Chair wished all candidates the best of luck with the forthcoming elections.

Board members were encouraged to engage with the hustings and to encourage their networks to engage as there is lots to discuss with the community pharmacy reforms and the Carter report.

The Chair explained to the Board that the format for this April meeting had been changed to accommodate the 175 year celebration for the Society, therefore the Board Working day, on this occasion, would follow the Board business day.

#### **16/40 Apologies**

Sultan "Sid" Dajani gave his apologies for being late to the meeting.

#### **16/41 Declaration of Interests**

**The English Pharmacy Board noted** paper 16.04/EPB.03. Board members were reminded to send in any amendments to their declarations to Yvonne Dennington and were also asked to state any declared interest at the start of the discussion to which it relates.

#### **16/42 Minutes of the EPB meetings held on 28<sup>th</sup> January and 8<sup>th</sup> February 2016**

The minutes of the meeting held on 28<sup>th</sup> January 2016 circulated as paper 16.04/EPB.04 (a) were agreed subject to the following amendments:-

16/05 (15/111) 15<sup>th</sup> December should read 17<sup>th</sup> December

16/10 "The vision work looked at whether the RPS – should read "*how* the RPS"

16/10 "conclusion that the LPFs" should read "conclusion that *not all* LPFs"

The minutes of the meeting held on 8<sup>th</sup> February 2016 circulated as papers 16.04/EPB.04 (b) were agreed.

#### **16/43 Matters arising not specifically included on the Open Business Agenda**

##### **16/05 (15/108) Polypharmacy**

The conference will be taking place on 20<sup>th</sup> April. 61 people have currently registered for the event with a good mix of pharmacists and GPs. The conference demonstrates the partnership work between the RCGP and the RPS. It is hoped that future conferences will expand to include multi disciplinary teams. Members are very engaged with the conference and Mahendra Patel thanked everyone for their help.

The Chair thanked Mahendra for his work on the conference and added that at a recent meeting with RCGP (Maureen Baker and Nigel Mathers) they had said how pleased they were with the conference planning and the attendance figures.

### **16/05 (15/108) Anti-Microbial Resistance**

Martin Astbury will be attending a meeting next week and will report back to Board members in due course.

### **16/05 (15/114) – Patient Health Record – Privacy Officer**

Further discussion continued around the role and appointment of a privacy officer. It was evident that there are still many concerns and Ash reported that Mohammed Hussain was unaware this was a problem. The Chair suggested this issue be taken off line and further clarification sought.

**Action: Heidi Wright to resend the email regarding this and seek further clarification – Board members to articulate their concerns by email or phone to Heidi.**

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

There will be elections in all three countries. The following number of nominations were received:-

England – 11 nominations for 5 places

Wales – 5 nominations for 4 places

Scotland – 5 nominations for 4 places

Candidates have submitted their nominations on line for the first year and this process has worked well.

The PJ insert communicating information about the elections will be sent out with the May issue.

### **16/06 Retired Pharmacists Group**

Helen Gordon reported that a meeting with the Retired Pharmacists Group had taken place. Tony West added that the biggest challenge for the RPS is to decide what to take on and then how best to use this resource. Charles Veal is the staff lead for this group supported by Helen Gordon. Rachel Knight, the Local Relationship Development Manager also attended the meeting and the LPF team will be working with this group to see how best to use their collective experience.

Tony West requested that a fuller discussion with CPPE takes place in the future to discuss retired members attending local meetings that are also CPPE sessions, as CPPE funding is only for those providing NHS services.

**Action: Discussion regarding CPPE at a future board meeting**

### **16/10 Homeopathy Survey**

The RPS has not yet met with MHRA on this issue.

### **16/14 Pharmacist Prescribers**

There was some discussion around funding for training of prescribers and how this varied depending on locality, training places are also limited. The Chair informed the Board that this workstream is in the current EPB business plan.

### **16/22 Annotation of Prescriptions**

This item is to be deferred until the June or October EPB meeting.

## **16/44 Update papers for noting formally by the English Pharmacy Board**

The Chair reminded the Board that these papers were for noting only with the exception of the IM&T update and the Web Developments update. Sultan “Sid” Dajani had requested that these two items be discussed in more detail. *(As Sid apologised for his late arrival these items were discussed at a later stage in the meeting but for convenience and ease of reading are reported under this minute.)*

### **16/44.1 Corporate Communications Update**

**The English Pharmacy Board noted** paper 16.04/EPB.06 (i).

### **16/44.2 Public Affairs Update**

**The English Pharmacy Board noted** paper 16.04/EPB.06 (ii)

### **16/44.3 LPF update**

**The English Pharmacy Board noted** paper 16.04/EPB.06 (iii).

### **16/44.4 IM&T**

**The English Pharmacy Board noted paper 16.04/EPB.06 (iv).**

It was requested that the acronyms within the paper be given their full names going forwards.

Sultan “Sid” Dajani explained that the group had been in operation for the past 5 years and over the past 6 months had undergone a rejuvenation. The group as hosted by the RPS was becoming the “go to” group for IM&T.

Deborah Evans raised the issue of “Accessbile Information Standard” and how NHS England have been tasked with pushing on e learning and webinars re this standard. Heidi Wright added that guidance was being developed and that the RPS had responded to a consultation on this issue.

Howard Duff explained that he has been unable to attend the National Information Board meetings due to conflicting engagements. Sultan “Sid” Dajani said it was important that the RPS was represented at these meetings.

Developing standards for the summary care record is on the agenda for the next meeting of the IM&T group.

**Action: Future IM&T minutes should not be circulated as part of the update but given as a link or circulated separately as and when they are available.**

**Action: Ensure attendance at the NIB meetings in future.**

### **16/44.5 Pharmacy Public Health Forum**

**The English Pharmacy Board noted** paper 16.04/EPB.06 (v).

The EPB were informed that the PPHF are still working on the communications paper. It was noted that this is an important piece of work as it is essential to relay

appropriate, consistent messaging. It was requested that a formal approach be made by the RPS to the the Chair, Jonathan McShane, in relation to the lack of progress in moving forward the programme for Healthy Living Pharmacies. It was **agreed** that a letter should be sent from the Chair and President. Tony West offered to follow up with Duncan Selbie. Some of the barriers to progress were discussed, notably self accreditation and quality assurance, which are delaying the policy criteria. Deborah Evans thanked the Board for their support with this.

**Action: Send letter to PPHF re HLP – Deborah Evans to draft – Chair and President to sign off.**

#### **16/44.6 Consultation and Policy update**

**The English Pharmacy Board noted** paper 16.04/EPB.06 (vi)

#### **16/44.7 Medicines Optimisation**

**The English Pharmacy Board noted** paper 16.04/EPB.06 (vii). Concerns were raised regarding some Academic Health Science Networks not recognising the input from pharmacy around the medicines optimisation agenda. It was agreed that at the AHSN meeting hosted by the RPS in July a session be held on pharmacy input into the Medicines Optimisation agenda.

The NHS England report “Our 2016/17 Business Plan”.was highlighted and it was requested that the plan be discussed in more detail alongside the EPB business plan at a future EPB working day.

**Action: Heidi Wright to include session on pharmacy input in the MO agenda at AHSN meeting in July**

**Action: NHS England report “Our 2016/17 Business Plan” to be discussed at future EPB working day.**

#### **16/44.8. Web Development**

**The English Pharmacy Board noted** paper 16.04/EPB.06 (viii).

Sultan “Sid” Dajani said that discussion on the web development had been discussed at the Assembly meeting in April.

Timescales have fallen a little behind schedule but it was reported that the web project team were doing a thorough job and were developing a good understanding of the requirements from teams across the organisation.

#### **16/45 Professional Development and Support update**

**The English Pharmacy Board noted paper 16.04/EPB.07.**

As the paper was only circulated ahead of the meeting Catherine Duggan was asked to give a short update in relation to the paper.

Catherine Duggan explained that due to a rationalisation of reporting mechanisms this paper was not intended as a board paper but as a report for Q1 of 2016 and

subsequent updates will be given on a quarterly basis which will not necessarily fit in with the Board cycle of meetings. Monthly plans are also available and Board members were invited to ask for more detail if it was required at any stage.

Catherine took the Board through the various sections of the paper.

The Board raised concerns around how the work of PDS impacted on the work of the Boards. Assurance was given that internal mechanisms such as the PLBB and the PLG project group ensured that work plans were collaborative and integrated.

The marketing strategy for the foundation and faculty programmes was discussed and the Board were assured that tailoring the marketing by segmenting was already showing results. It was agreed that faculty/foundation/revalidation should be discussed in more detail at a future meeting. The foundation programme is performing really well.

The issue of confidentiality of information was raised regarding the information contained in the PDS update being taken in open business. The Chair sought guidance from the CEO to set criteria for staff regarding information that could be shared in open business and information that should be confidential due to being commercially sensitive. It was agreed to discuss this in more detail outside of the meeting.

In view of this discussion those present were asked not to share paper 16.04/EPB.07 with anyone outside of the meeting.

**Action: Discuss the foundation and faculty programmes at a future EPB meeting SG/HD/CD to discuss and plan this session**

**Action: Helen Gordon to discuss and produce guidance for staff re open and confidential information .**

## **16/46 Seven Day Working**

Catherine Duggan gave a verbal update and will circulate a written update outside of the meeting.

The NHSE advisory group, of which RPS is a member, met four weeks ago and will be producing a report in due course. The report will be looking at different models in various hospitals whilst acknowledging that not all hospitals currently have the infrastructure for implementation. It is recognised that there is a lot of anxiety in the system around 7 day working.

Discussion continued and some concerns were raised in relation to 7 day working.

Martin Astbury declared an interest as a Morrison's employee before saying whilst he was in agreement that no patient should be at risk in hospital, despite the day of the week, he felt that Sunday should not be the same as every other day but treated differently as traditionally it is a "family" day. He did however acknowledge

that many retailers and some community pharmacies paid its employees the same rate of pay on a Sunday as any other day of the week.

Tony West requested that the email he had sent to the Chair be circulated to Board members. He added that the drive for 7 day working was from a clinical perspective and the Tory manifesto of 7 day working across the system by 2020. The professional body interest is about patients and risk stratification and not terms and conditions. 7 day working is also dependent on IM&T as this drives the system.

It was highlighted that it is important to look at services that will benefit RPS members such as referrals to pharmacy at A&E and also to lobby for protected learning time.

It was discussed that three initiatives could be enablers to pharmacy 7 day working namely:- transfer of care; read and write access to the summary care record and a nationally commissioned minor ailment scheme

Concluding the discussion it was agreed that policy needs to be developed and the leadership role of the RPS is to be established on the group. It was **agreed** that this is a task for the Hospital Expert Advisory Group (HEAG) with support from the English Pharmacy Board to develop a view and take a leadership role on the NHSE advisory group. It is important to consider where pharmacists can add value in the system.

**Action: Circulate written update - CD**

**Action: Circulate Tony West's email - Chair**

**Action: CD to liaise with HEAG re 7 day working policy and NHSE advisory group.**

#### **16/47 "Community Pharmacy in 2016/17 and beyond"**

The Chair informed members that there was not much to report as progress had been slow. At the beginning of the week the Department of Health had made contact with the RPS giving dates to set up the next bilateral meeting, this is still to be confirmed once dates have been checked.

Howard recounted the calendar of events since 17<sup>th</sup> December 2015 explaining that a response on the Pharmacy Integration Fund was submitted by the RPS on 24<sup>th</sup> March and although the consultation has closed the DH/NHSE are still in listening mode regarding implementation of this fund. The deadline for the remainder of the consultation has been extended to 24<sup>th</sup> may 2016. It is important that any suggestions are aligned to the Five Year Forward View.

A DH workshop consultation event will be held on 28<sup>th</sup> April where issues such as hub and spoke, integration and access funds will be discussed. Five representatives from the RPS will be attending.

The RPS is still awaiting sight of paperwork from DH that has already been shared with PSNC and have expressed their discontent on this issue.

A steering group of the pharmacy bodies has been set up and is working collaboratively to ensure all organisations talk about the value of pharmacy and are aware of each other's activities regarding the reforms. Pharmacy Voice and PSNC are hosting a joint event on 28<sup>th</sup> and 29<sup>th</sup> April to which the RPS are invited.

The NPA petition now has over 600 000 signatures and NPA will be making a Downing Street presentation with the petition. The RPS has not been involved in this campaign.

The Chair welcomed views from the Board as to whether the RPS should be engaging in more activity.

There was some discussion around RPS involvement in an advisory capacity (as an honest broker) to the contractual negotiations to ensure practical translation of any changes is understood. The Chair took views from around the table on how to take this suggestion forward appropriately whilst maintaining credibility with the profession and stakeholders. Some members cautioned about being involved in any contractual negotiations as this could be viewed negatively by the membership. It was **agreed** to write to PSNC requesting a meeting with a view to helping them understand contractual changes from a patient perspective, offering a helpful supportive role from the RPS.

Michael Champion from the BPSA added that the BPSA had worked with the NPA on their petition and also provided a template letter for student members to be sent to MPs explaining that the BPSA were taking a long term view of the impact on pre-reg places and sustainability of training. Some responses have been received which the BPSA is happy to share with the English Pharmacy Board.

There was some concern that there had been little news from the RPS on the reforms for members of late and some Board members highlighted that it appeared that PV and NPA were doing more campaigning. The reason given for this is that currently there is no new news, it is expected the RPS will have something to say after the workshop on 28<sup>th</sup> April and the next bilateral meeting. It is important to reiterate to members what the RPS has been doing. It was suggested that messages should be aligned with the recently published NHS England report "Our 2016/17 Business Plan".

Some board members thought that a day of action, in some guise, would illustrate how much pharmacists actually do and thought this should be discussed in more detail. It was **agreed** that a paper be developed by Team England with input from the Chair and CEO giving a range of options for pharmacy action around the reforms before 28<sup>th</sup> April 2016, this will then be discussed further outwith the meeting.

It was noted that membership renewal has not been affected by the reforms.



**Action: consider requesting an advisory role at contractual negotiations - Chair/HD**

**Action: Share MP responses with EPB – Michael Champion**

**Action: Write to PSNC requesting a meeting and offering our support – Chair/HD**

**Action: Develop paper giving range of options for pharmacy activity – CW/HD**

## **16/48 LPF Community Pharmacy Events and Governance Report**

### Community Pharmacy Events

**The English Pharmacy Board noted** paper 16.04/EPB.10(a)

Twenty three community pharmacy events have been held to date, some in collaboration with LPCs, with over 2000 pharmacists attending.

### LPF Governance Reports

**The English Pharmacy Board agreed** paper 16.04/EPB.10 (b).

Alice Dartnell gave a short update, which included some rough calculations on member/non member attendance at events, volunteer hours worked by members of steering groups, conversion of non members (those who attended events) for 2015. Alice added that reporting will be more accurate in the future with better reporting systems being implemented:-

- Estimate of volunteer days worked by steering group members – 926 days
- 240 events held
- 7344 people attended the events
- Average spend for events = £10 per head
- 20% of attendance was by non-members
- Conversion rate of non-members attending events is 4.6%

There was some discussion that followed on the validity of the data and how sponsorship monies for events and hourly pay rates actually skewed the figures.

Michael Champion suggested that BPSA students could be used as a volunteer force by the LPFs as advocates and for administrative work.

**Action: The Chair agreed to discuss this in more detail -SG/HD/AD**

Michael Holden made a request to receive more data on members, sectors, non members, etc. and highlighted the need for LPFs to be ABPI compliant.

Discussion continued regarding the consultation on the ABPI code and how the RPS Finance and Legal teams were currently working on guidance regarding sponsorship. Deborah Evans said that RPS Board members need to be aware of the changes to the ABPI code and champion adherence making sure the organisation can account for its actions in line with the code. Helen highlighted that Prescription Medicines Code of Practice Authority (PMCPA) has produced a guide and is moving to electronic training.

**Action: Discuss using BPSA students as volunteer – AD/HD**

## **16/49 Public Affairs and Policy Statements**

### Hub and Spoke

Heidi Wright gave a verbal update saying that the Hub and Spoke consultation has been released. An England/Scotland/Wales working group has been drawn from the Boards to work on the response and a webinar has been held. A first draft has been circulated and a second draft will be circulated week commencing 25<sup>th</sup> April which may prompt the need for another webinar. The consultation closes on 17<sup>th</sup> May 2016. The response will form the basis for policy on hub and spoke. This working group will also be looking at the access to medicines principles.

Some of the points raised in the webinar include:-

- Legislation to enable two separate bodies (organisations) to be involved in hub and spoke – inter and intra organisations (currently it needs to be a single body performing both functions). Consultation is about removing this impediment
- Conclusion in our response is that it should be removed but sets out a list of caveats – including increased risk.
- Other issues raised – how this links with other legislation, eg FMD
- Lack of evidence
- Response is conflated with pricing on labels

The Chair asked board members to engage with the response.

Michael Holden informed that Board that he had undertaken an enormous amount of research which highlighted that hub and spoke did not result in cost savings. He said he would be happy to inform and advise and to share his findings.

**Action: Michael Holden to circulate his research – MH**

**Action: Circulate link to working group webinar – HW**

### Party Political Conferences

Charles Willis said that the RPS has built a level of influence as a result of attending the three main conferences, which has also led to meetings with Ministers. Charles sought permission from the Board to continue with this work as set out in the paper and in consultation with the Chair, Vice Chair and board lead..

**The English Pharmacy Board agreed** paper 16.04/EPB.11.

Discussion continued on the benefits of working jointly on the conference with the other pharmacy bodies. It was highlighted that the RPS represents the whole of the profession and not just community pharmacy which makes it difficult to work jointly, however the RPS is flexible and works jointly when possible to do so.

A public affairs meeting is due to take place on Monday 25<sup>th</sup> where the costings of attendance will be available and hosting a joint reception with other pharmacy bodies will be discussed. A decision on the provider will also be made at this meeting.

#### **16/50 English Pharmacy Board Campaigns update**

Heidi Wright gave a short verbal update supported by the presentation on the EPB campaigns to date.

##### Care Homes

A round table event will take place on 11 July, invitations will be going out in the near future. At a recent meeting with Nigel Mathers and Maureen Baker the RCGP agreed to endorse a statement and offered to provide a GP for the round table event.

Communities of Practice are being set up from lead pharmacists in care home vanguards. The first webinar will be taking place at the end of April for initial discussions, Anne Joshua will be part of this.

##### Pharmacists working with GP surgeries

Currently looking at how these pharmacists fit into the multi speciality provider models and primary care home models. Claire Anderson added that one of her PhD students was currently mapping this activity and that there was a lot of work going on outwith the pilots and there had recently been a call for evidence around revalidation and vanguards. Heidi asked for any evidence to be shared in due course. There was some discussion around training issues and how this was an opportunity for RPS to get involved. Catherine Armstrong added that she had recently become involved in the vanguard in her locality.

Discussion continued on what the Board should be doing in relation to the Strategic Transformation Plans and the “44 footprints” that were emerging as part of the Five Year Forward View and the “Right Care” programme. The RPS has a role to influence programmes at the strategic level and highlight the role of pharmacists in all of these programmes, it is difficult for the RPS to influence locally. It was noted that the Pharmacists’ Advisers’ Group are supportive of the work the RPS does and Catherine Armstrong undertook to feedback what the RPS is doing to support the new roles for pharmacists.

**Action: Feed back to the Pharmacists’ Advisers’ Group – Catherine Armstrong**

**Action: Circulate campaigns presentation – YD**

#### **16/51 EPB Business Plans 2016**

**The English Pharmacy Board noted** paper 16.04/EPB.13.

Howard Duff gave a short verbal update explaining how the business plan of the Board aligned with the strategic objects of the organisation as agreed by the Assembly at their meeting in April. The plan is split into two sections – Board objectives and business as usual.

There was some discussion on item 4.1 – Decriminalisation of dispensing error – implementation of patient safety benefits. It was reported that over the past six months NHS England has had a big push on whistleblowing. Howard said that this would be included in the work with Pharmacy Voice.

There was some discussion around quarterly reporting of business plans across the organisation and how this method of reporting was not conducive to the timing of Board meetings. The Chair asked that the Executive Team look at the reporting mechanisms and timings to ensure it fits in with the scheduling of board meetings.

**Action: Executive Team to look at scheduling of quarterly reporting ensuring it is compatible with the timings of board meetings – YD/HD**

#### **16/52 RPS Conference Update**

The issue of having some form of joint event with National Board Members and LPF steering groups at the conference was raised. It was agreed that this will be discussed at the PLBB meeting in April.

**Action: Raise issue with PLBB of joint event between LPF Steering Group members and National Board members at the RPS conference**

#### **16/53 Any other Business**

1. English Pharmacy Board Webinars

Sibby Buckle requested that regular board teleconferences should be reinstated. The Chair explained that there was no support from other Board members for routine teleconferences but agreed that with important milestone events pending such as the workshop on 28<sup>th</sup> April and the bilateral meeting that board webinars should be arranged. Dates for these webinars will be circulated.

**Action: Circulate dates for 2 board webinars – YD/HD**

2. Flu Vaccinations

Sibby Buckle raised the issue of the flu vaccination service by pharmacists and how the BMA and RCGP are speaking out against the delivery of this service by pharmacists. It was agreed that the RPS prepare a robust statement refuting these claims and engage with these organisations.

**Action: prepare robust statement - NP**

**Action: Engage with Chaand Nagpaul – Ash Soni**

3. Medines Optimisation Working Group – NHS England – Rural Practices

Deborah Evans thanked Heidi Wright and Catherine Duggan for their help with a paper on this issue and reported that the paper had been accepted by the

Dispensing Doctors' Association (DDA) today. The Chief Pharmaceutical Officer suggested that the paper should be published jointly between the DDA and RPS with an NHS England endorsement. The next steps were for the RPS to work more formally with the DDA and to align the job descriptions more closely. Deborah asked for the EPB to consider this.

The Chair agreed the following course of action:-

- Share the paper

- All board members to read paper and raise concerns

- Understand the RCGP view

- Discuss whether or not to go ahead

**Action: circulate paper – Deborah Evans**

#### **16/54 Close of meeting**

The meeting closed at 16.50. The Chair thanked Michael Holden and Lara Rose for attending and said their hard work was very encouraging. The guests thanked the Board for the opportunity to attend and said they were very enthused by the amount of work that is going on.

#### **16/55 Dates of next meetings**

EPB induction and working day – 22nd June 2016

EPB meeting 23rd 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.