



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

Minutes of the meeting held on 23rd June 2016 at 9.00am in the Conference Room at The Royal Pharmaceutical Society, 66 East Smithfield, London E1W 1AW

Present

Sandra Gidley (Chair)
Catherine Armstrong
Sibby Buckle (from 11.45)
Elizabeth Butterfield
Deborah Evans
Mahendra Patel
Ash Soni (from 11.30)

Claire Anderson (Vice Chair)
Martin Astbury
David Branford
David Carter
Sultan "Sid" Dajani
Aamer Safdar

Guests

Jacqueline Kinsey

Shrops and Staffs LPF

In Attendance

Helen Gordon
Catherine Duggan

Alice Dartnell (from 12.05)
Neal Patel
Heidi Wright
Charles Willis
Ian Bates
Ruth Wakeman

Julia Robinson
Yvonne Dennington

Chief Executive
Interim Director for England
Director of Professional Development and Support
Local Engagement Lead
Head of Corporate Communications
Practice and Policy Lead for England
Head of Public Affairs
Education Adviser to EPB (for item 8)
Assistant Director Professional Development and support
Pharmaceutical Journal, RPS correspondent
Secretary to English Pharmacy Board

Apologies

Tracey Thornley

16/79 Welcome and Introductions

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

16/80 Apologies

Tracey Thornley apologised for missing the first board meeting and induction but this was due to a clash with dates with important examinations she is writing.

Ash Soni apologised in advance for his late arrival due to transport problems, as did Alice Dartnell.

Sibby Buckle apologised in advance for her late arrival.

16/81 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, in the interests of best practice, any declared interest at the start of the discussion to which it relates.

16/82 Minutes of the EPB meetings held on 13th April 2016

The minutes of the meeting held on 13th April circulated as paper 16.06/EPB.04 were agreed as an accurate record of proceedings subject to the following amendmenst:-

Page 7 – Seven Day Working – replace “retail” with “many retailers and some community pharmacies”

Page 9 - last paragraph - LPF Governance Reports – Helen Gordon should read Deborah Evans

16/83 Matters arising not specifically included on the Open Business Agenda

16/44.4 IM&T

A reminder that IM&T minutes should not be circulated with the update but separately, or circulated as a link– HW to note

Action List: The chair informed the Board that all items relating to CPPE and education will be addressed at the October working day. The initial planning for this session was mooted by the previous Director, Chair and Vice Chair, but had been put on hold until the outcome of the Board elections.

16/47 Community Pharmacy Reforms – contractual negotiations

A letter had been sent to Sue Sharpe, PSNC, and a meeting had been held. Sue Sharpe is aware of the Board’s concerns and the Chair will follow up with Sue following on from any announcements. It was suggested that Sue be informed that the EPB and the profession could assist with any future developments such as implementing a minor ailments scheme. The Chair assured the Board that frequent meetings were now taking place with PSNC.

16/50 Campaigns

Catherine Armstrong informed the Board that she updated the Pharmaceutical Advisers’ Group on the campaign work of the EPB at their last meeting on 16th June 2016.

15/53.2 Flu Vaccinations

A robust statement had been prepared but was not used as the BMA and RCGP felt they would not be serving their members interests if they signed up to a joint statement.

It was noted that the Carers' Trust is very supportive of pharmacists giving flu vaccinations. Carers are the highest users of the pharmacy flu vaccination service.

16/53.3 DDA

RCGP are reviewing the paper before publication, publication is expected in the near future. No further comments were received from Board members on the paper.

16/12.3 Homeopathic products

This guidance has been updated. The meeting with MHRA and GPhC is yet to take place and seems unlikely given other priorities.

16/22 Annotation of Prescriptions

This paper has been sent to PSNC. Due to the community pharmacy reforms the PSNC are not willing to pursue this at this stage.

15/115 Medicines Optimisation

The English Pharmacy Board agreed to invite Matthew Cripps, Director of NHSE Right Care (RC) programmes and Carl Marsh (responsible for delivery of RC programme) to the next EPB meeting. It was noted that Medicines Optimisation now sits with the RC programme and that these are key leaders in the area.

Action: Invite Matthew Cripps and Carl Marsh to EPB October meeting – YD/CD/SG

15/82.4 LPFs/IM&T

There has been no progress as the LPFs have been concentrating on the community pharmacy reforms. This action will be closed.

16/51 and 45 Business plans – updates

Team England will now mirror the reporting mechanisms of the Professional Development and Support directorate with an operational plan/quarterly plans/quarterly narratives which will form the EPB updates. The quarterly updates will be supported by an up-to-date presentation from Team England which will be circulated in advance of the meeting and be in line with the requirements of the Chair. These reporting mechanisms will streamline reporting across the organisation and the Board, meeting the needs of the various committees/Board and will reduce the number of papers being reworked for different audiences. All of these plans/reports will be available to Board members.

15/108 Guidance on LPFs working with the industry

This will now be included into a wider piece of work being undertaken by Professional Development and Support directorate and agreed by the Professional Leadership Group.

16/24 (v) Faculty Champions

Action: Catherine Duggan undertook to circulate details of the role of a faculty champion to Board members.

16/84 Update papers for noting formally by the English Pharmacy Board

The Chair informed the Board that these updates will be taken at the end of the meeting in future as they are for noting only. Any questions relating to this papers should be raised beforehand with the lead person, if the question cannot be resolved the Chair will consider further debate at the meeting. Future updates will also be in the same format as the Professional Development and Support Team and will be reporting against the previous quarter at the October EPB meeting. This report will be supported by an up-to-date presentation from Team England.

16/84.1 Corporate Communications Update

The English Pharmacy Board noted paper 16.06/EPB.06 (i).

Neal Patel informed the Board that the team roughly calculated how much it would cost to get the amount of advertising the RPS receives from its various media channels and it is estimated that it would cost some £20 million.

The “I love my pharmacist” campaign is growing in popularity with over 2,500 votes being cast in the first 2 days of the competition.

16/84.2 Public Affairs Update

The English Pharmacy Board noted paper 16.06/EPB.06 (ii)

16/84.3 LPF update

The English Pharmacy Board noted paper 16.06/EPB.06 (iii).

Catherine Duggan informed the Board that the work on working with the industry for the LPFs will now follow broader guidance across GB in light of the NHS England guidance following on from the disclosure of last year and the imminent “sunshine” clause coming into place. The RPS guidance should be published within the next couple of months and will be circulated to the Boards before finalising.

16/84.4 IM&T

The English Pharmacy Board noted paper 16.06/EPB.06 (iv).

16/84.5 Pharmacy Public Health Forum

The English Pharmacy Board received a verbal update from Helen Gordon.

There will be another meeting of the Forum in July, to date no papers are available. As requested at the last meeting a letter was sent to the Chair of the Forum, Jonathan McShane. This resulted in a discussion and the output being a clearer timetable for the quality assurance criteria and tendering process for Healthy Living Pharmacies. Jonathan McShane subsequently wrote to the Local Government Authority stating that reaching level 1 will be by self assessment and outlining the

process that will follow. The timetable for the release of tendering is scheduled for May/June with a target for the release of the quality criteria in July.

Currently awaiting more information on a rescheduled timetable. Quality criteria are due to commence in September.

Deborah Evans thanked Helen for the support of the RPS but raised concerns with slippage of the timetable and said there were a number of localities publishing their own quality criteria in the meantime which will do nothing to help with clarity of process.

16/84.6 Consultation and Policy update

The English Pharmacy Board noted paper 16.06/EPB.06 (vi)

16/84.7 Medicines Optimisation

The English Pharmacy Board noted paper 16.06/EPB.06 (vii).

16/84.8. Web Development

The English Pharmacy Board noted paper 16.06/EPB.06 (viii).

16/85 Professional Development and Support quarterly report

The English Pharmacy Board noted paper 16.06/EPB.07.

Catherine Duggan updated the Board on the CPD pilot. To date:-

901 members had registered for the pilot (303 of whom have never accessed their faculty portfolio to date)

3 non-members had joined for this pilot

21 staff and 165 faculty members had enrolled

These figures almost match those of the GPhC pilot. Catherine offered the support of her team to anyone who wished to join the pilot.

The email correspondence that was sent out about the pilot attracted 31 enquiries in the first 13 minutes and 288 emails over the first weekend.

16/86 Education update

The Chair welcomed Ian Bates, Education Advisor to the RPS, to the meeting.

Ian thanked the Board for inviting him and said it was a privilege to offer his advice.

Update on Health Education England

There has been no meeting of HEE since April and there are no future dates in the diary. It can be assumed that this is becoming of lower priority. HEE have been organising local meetings on Foundation Training. Ian said that he had been invited to the London and South East meeting as a stakeholder.

Ian said in his view foundation training is a pivotal part of professional development. It is the formative process for young registered practitioners.

A HEFCE consultation is due out on bursaries and funding. Ian and Chris John will prepare a response to this and send by way of an update to EPB..

Ian raised a concern regarding the work of HEE and RPS not being aligned. HEE should be consulting with RPS as the Royal College for Pharmacy and this does not appear to be happening at present, although the RPS has the intellectual property, curricula and frameworks in place for this to happen. More needs to be done to ensure two way communication. Foundation training is a major priority and RPS needs to be recognised for the leadership role/developments in place.

Ian gave an insight into his work with FIP, across countries and numerous membership organisations, alongside WHO and the UN where workforce development is seen as a priority. All major organisations are clear that the future policy is not to train solely for jobs but for patient need, therefore creating a flexible and adaptable workforce. He emphasised that flexibility and adaptability should be the focus of the work of the RPS on workforce issues – this being a leadership challenge.

Ian continued by saying that the RPS should see itself as a “provider for the support and development of the workforce” and work collaboratively and competitively with other organisations such as CPPE. Every pharmacist should have access to personal development. Intellectual property resides in the affiliated partners of the RPS.

Discussion continued regarding the flexibility and adaptability of the workforce and questions were asked as to whether we would be looking at a more generic healthcare worker in the future. That will be the case especially in low income countries but the regulated professions will still have a place but will need to think about core skills and adapting these to environment and complexities.

Ian is leading work for FIP on Global Workforce Development Goals, which will be launched and will be a mandate for action globally.

Ian added that a wider/broader base of general practice is needed quoting “pharmacists know what to do when they don’t know what to do”. He said there is a need for a clinical network and this could be a role for the RPS.

Catherine Duggan added that the RPS has been developing a roadmap for the profession focusing on the knowledge, skills, experiences and behaviours needed to develop, advance and maintain practice. This will be going to the Assembly in July for approval.

This roadmap will enable pharmacists to change sectors and move with their portfolio. It aims to unite the profession and link the sectors and networks. Toolkits will support this work.

The Chair thanked Ian for his thought provoking update.

Action (1): find out more details regarding the HEE event on professional attributes framework – CD

Action (2): Test road map out with David Carter and his team – CD

Action (3): showcase roadmap at Education day in October – CD

16/87 “Community Pharmacy in 2016/17 and beyond”

Update on Reforms

The Chair informed that Board that at this stage there was nothing further to discuss as there was no update to share.

PV/PSNC Forward View

Paper 16.06/EPB.09 had been circulated for discussion.

Neal Patel addressed the board with his view of the paper. He said that it was another vision document built from the base of pharmacy owners outlining where they wanted to get to. He asked the board to focus on the outcome of the programme rather than the finer detail of the content. It is widely understood that it is expected that the RPS will be broadly supportive of this document. It is deemed to be important for community pharmacy that there is a collective view of the future. The document is not a perfect document from the RPS perspective but does warrant some support from us. The RPS has had the chance to comment but not all of the suggested amends were included.

Time is of the essence for publication of this document therefore a rewrite is not an option.

The Board were asked for their view points which included:-

- Remove all mention of pharmacy and replace with medicines for patients – this language carries more traction.
- Disappointed to see the pharmacy profession continually having to make savings.
- No mention of working across the sectors eg. secondary care.
- Supportive of document but an appendix of RPS concerns needs to be added.
- We need to work with the GPs to move pharmacy forward
- Medicines optimisation is evident throughout the document – clarification has been given to the CPhO on the 7 elements and 4 principles of medicines optimisation.
- Missed opportunity regarding the language not matching that of the NHS – needs to refer to integration and STPs alongside the NHS priorities, eg. diabetes, dementia, obesity etc. Pharmacy has an important role to play in the priorities of the NHS – a real omission within the document.
- As the document does not align with the NHS can not be supportive in its current state.
- Question was raised as to who is the intended audience for the document - not in the right language for commissioners.

- Concerns were raised and the following amends were requested (page 14):- add in “one of” where reference is made to the pharmacist leaving for a mid morning break and add in “pharmacist clinical assessment of each prescription so that medicines are safe and appropriate”. Reference to pharmacy technician should read accuracy checking technician. The clinical aspect is important otherwise it undermines the role of the pharmacist.
- No mention of pharmacists working with GP surgeries – despite this initiative having the backing of NHS England.
- Document not radical – does not consider how technology will change over the next 5 years – does not talk about workforce or portfolio working.
- Pharmacists being the experts in medicines is not emphasised.
- PV and PSNC have a different agenda to that of the RPS.
- Supportive of document but not sure we can endorse.
- The document does not reach out to non pharmacists – too pharmacy centric.
- Supportive of document but our members will need a briefing on why we signed up to it..

After much discussion, with many mixed views, Ruth Wakeman added some clarity as to the criteria used by the RPS when deciding to accredit or endorse a document:-

- Does the document conflict with existing RPS policy? – if it does then it cannot carry our badge
- Are the benefits greater than the risks? (quite often we are not 100% happy but the benefits outweigh the risk therefore carries our badge)

These criteria assisted the Board in their decision and broadly they thought that the benefits of supporting the document outweighed the risks.

It was suggested that a recently published NHS Alliance document could be used to flag some of the issues mentioned in the debate and to strengthen the Pharmacy Voice document.

The Chair summarised saying that the EPB were broadly supportive of the document with the amends suggested regarding the clinical check. She asked for the Boards support regarding the final details of how this will be executed to be delegated to the Chair and Neal Patel, who will be having further discussions with Pharmacy Voice.

Action: The Chair informed the Board that currently a piece of work is being developed on intra professional working. It is currently at an early draft stage and will be circulated in the near future - HW

16/88 Public Affairs and Policy Statements

The supply of Cannabis for recreational purposes

The English Pharmacy Board noted paper 16.06/EPB.10 (a).

Charles Willis introduced the paper saying that this briefing had been produced in response to a Liberal Democrat policy paper at the Spring Conference relating to the supply of recreational cannabis, potentially through community pharmacies.

Ash Soni reported the outcome of the Welsh Board on this issue, they requested the following changes to the 4 policy statements:-

1. Remove the words “from a pharmacy”
2. No change
3. Change “accepts” to “supports” – it strengthens the view
4. Should be removed in its entirety.

In addition to the above it was reported that a statement has been issued by the Royal Society of Public Health and the Faculty of Public Health on this issue.

The EPB agreed to endorse the statement subject to the following actions:

- Look at the statement from RSPH and FPH and review RPS policy statements against this
- Arrange meeting with RSPH and FPH to manage any potential conflict of statements/policy
- Make the amends suggested by the Welsh Board
- Give update on situation in the Public Affairs quarterly report

Benzodiazepines and Z drugs

The English Pharmacy Board noted paper 16.06/EPB.10 (b).

Charles Willis introduced the paper saying that the paper had been drafted in response to enquiries from several politicians regarding RPS policy and activity relating to abuse and misuse of prescription drugs.

Catherine Armstrong raised concerns regarding some of the wording regarding the savings that could be made and offered to rewrite the paragraph.

Action (1): rewrite the introductory paragraph to state there are other more widely used products and substances that are misused – Catherine Armstrong

Action (2): add a paragraph on the difference pharmacy can make – CW/Sid Dajani

Discussion followed on the need for a broader document to be produced for internal purposes.

Action (3): Ruth Wakeman to establish whether the RPS has already endorsed a set of documents.

16/89 English Pharmacy Board Campaigns update

Catherine Duggan introduced this item and the various workstreams each member of Team England introduced their sections of the presentation.

Catherine outlined the new ways of working which will result in synergy across the professional body and will include an overall operational plan with quarterly milestones, underpinned by quarterly reports and narratives. The quarterly narratives will form the basis of the board updates at future meetings and will report against the previous quarter.

All campaigns will align with wider policy areas and link in with the priority areas of NHS England, DH and Health Education England.

Rebalancing: Ash Soni gave a short update on the short life working group on Supervision and said the group was due to report back to the Rebalancing Board early in July when it is hoped more questions can be asked. He said it is critical to ensure organisational governance is right before making changes to supervision.

The EU referendum could have an impact on the timings for the law change to remove automatic criminalisation of dispensing errors.

Action (1): RW to send briefing note to Heidi Wright and Sultan “Sid” Dajani.

Community Pharmacy Reforms: Neal Patel and Heidi Wright gave a short update. A short survey had been undertaken looking at the barriers to commissioning community pharmacy services. The Chair has been invited to co-chair the task and finish group on care homes for NHS England.

An integration fund thought piece is being developed and a draft will be circulated in the near future

Action (2): A short survey report on the barriers to commissioning will be written and presented to the Murray Review by Cathy Picton, the RPS representative on the group - HW

Action (3): circulate draft thought piece on the integration fund - HW

Action (4): Circulate presentation to Board Members and in future circulate ahead of the meeting – YD

Future work:

Action (5): Circulate the Kings Fund report on Clinical Services in community pharmacy – HW

Action (6): Circulate APPG report on inquiry into community pharmacy when available – CW

It was suggested that self-care be a thread through all the campaign work. The Chair said that the Proprietary Association of Great Britain have done a lot of work in this area and suggested more engagement with them.

Discussion continued on how to get pharmacists to be part of the the new models of care and the primary care home. 15 sites have been enacted for the primary care home.

Action (7): it was **agreed** to put new models of care and primary care homes on the agenda for the next Innovator's Forum in October – HW

Action (8): A briefing note is to be prepared on new models of care and primary care homes - HW

Hospital Pharmacy Reforms: Catherine Duggan and Ruth Wakeman gave a short update which included reference to the Carter Review which is focusing on delivering efficiencies and savings. The RPS hosted a meeting in April. Following a discussion with Ann Jacklin there will be a role for the RPS in defining metrics, it will be for the RPS to decide how to support this work.

The RPS undertook work on 7 day working back in 2014 which is now coming to fruition. There will be a role for the RPS in supporting the profession with 7 day working, which will be delivered locally to meet local needs.

A review of the Safe and Secure Handling of Medicines guidance (Duthie Report) will be undertaken by the RPS in quarter 3. This will be a multi disciplinary piece of work with engagement across the professions and the aim will be endorsement by the Royal Colleges. It is anticipated this piece of work will take 12 months. Ruth Wakeman is currently pulling an advisory group together for this work and is calling for expressions of interest in this group. The Falsified Medicines Directive should be included in this work programme. It was suggested that both David Branford and Aamer Safdar be involved.

Chief Pharmacists Development Programme – an ultimate guide is being developed and will be ready in July – this will signpost to key areas of responsibility associated with the role of Chief Pharmacist. This will support the Chief Pharmacists Development Programme funded by HEE and delivered through CPPE.

The focus on Hospital Pharmacy reforms will have an impact on Care Homes and Urgent and Emergency Care – there may be links that can be made to the integration fund. An ultimate guide for Urgent and Emergency Care will be launched in the near future.

Care Homes: Four of the six care home vanguard sites have pharmacist involvement. The issue of evaluation was raised and it was reported that NHS England have provision for evaluation from the integration fund. It was suggested that CQC should build evaluation into inspection.

Action (9): follow up with CQC (Sarah Billington) re evaluation and inspection – HW

Next Campaign: Discussion continued regarding the subject area of the next campaign and whether it should be a combination of long term conditions and prescribing. The merits of this campaign were discussed and the following points were raised:-

- HEE are keen to invest in prescribing by pharmacists

- Lobby for the requirement for a designated medical practitioner to be extended to include pharmacists which is what is in the plans from the HEE anyway
- Important to focus on multi-morbidity (link to LTCs)
- Need to give support to de-prescribing
- Generic approach to LTC campaign should be taken but support with case studies relating to NHS priority areas
- New medicine service had four priority areas – could align with those
- Work with the RCGP
- Link to Pharmacy Integration Fund

It was generally **agreed** that Long Term Conditions and Prescribing should form the basis of the next campaign for the EPB.

Current Campaigns:

- Pharmacists working with GP Surgeries – Ravi Sharma in his new role with NHS England is leading the roll out of pharmacists in GP surgeries
- U&EC – the Pharmacy Integration Fund is to support pharmacist in clinical hubs
- SCR – uptake is slower than expected. RPS are engaged with the National Information Board.

Action 10: a briefing paper on the work with the National Information Board will be circulated to the EPB – HW

The English Pharmacy Board **agreed** that the new format of the presentation should be adopted for future meetings and the slides should be circulated ahead of the meeting.

16/90 EPB Operational Plans 2016

The English Pharmacy Board noted paper 16.06/EPB.12 (a) which was tabled.

Catherine Duggan explained the new format of the operational plan, saying how it is underpinned by quarterly reports and narratives. The Board will be able to focus on the red and amber areas in the rag status. Discussion continued regarding stakeholders that are not being reached. Catherine explained that alongside the operational plan a meetings log is being developed, this will enable the team to cross examine which stakeholders are being seen, how often and where the gaps are. The team is working towards a systematic approach for engagement.

Action (1): It was suggested that an exercise on stakeholders be undertaken at a future meeting, looking at the split of pharmacy stakeholders and others outside of pharmacy.

Action (2): Circulate the operational plan in an electronic format - YD

Action (3): consult with Board members on new models of engagement – SG/CD/HW/NP

[EPB Operational Plan and NHS report “Our 2016/17 Business Plan](#)

The English Pharmacy Board noted and discussed paper 16.06/EPB.12 (b).

The paper was developed following on from an action at the EPB meeting in April and identifies the gaps and opportunities for future work. It was suggested that links are made with the affiliate groups to understand what they are doing to meet the NHS priority areas to avoid duplication of work.

Action (4): email the affiliate groups re NHS priorities – CD

Discussion continued on the 44 footprints and the related sustainable transformation plans (STPs) and how the RPS could have influence. The STPs are due for release at the end of June. The implementation guides (aides-memoire) are available and will be circulated. It was also reported that 80 digital road maps are being produced. At the LPN chairs' meeting it was announced that wave 1 plans will be tested by NHS England, 5 will be across London. The 44 footprints are likely to become the new organisational structure, merging CCGs into the new structure. Maintaining links with the Pharmacists Advisers' group is critical at this time as these new structures will make a difference to commissioning. Funding in 2016/17 will be based on STPs. Models of engagement need to be considered. Discussion continued on the loss of infrastructure for pharmacy – officer roles are important.

Action (5): circulate STP implementation guides – HW

The 10 NHS priorities contained in paper 12 (b) were considered

1. Improving the Quality of care and access to cancer treatments
This is already happening – EPB could promote the role of the pharmacist in the cancer care plan. Any interventions should be reported back to the GP - there should be a feedback mechanism.
2. Upgrading the quality of care and access to mental health and dementia services
The Long Term Conditions campaign can be an umbrella campaign for areas of work linked to cancer, mental health and other NHS priorities. It was suggested that the EPB makes contact with the College of Mental Health to understand how to work together.
Action (6): email the College of Mental Health re joint working – CD
3. Transforming care for people with learning disabilities
RPS supported the pledge at the Learning Disabilities event on 1st June. CPPE are developing education plans on learning disabilities. Consider discussing this issue at the next EPB meeting. Currently work going on in West Yorkshire which could be useful for us if we are allowed to use it.
Action (7): Consider putting Learning Disabilities on the October agenda for EPB – SG/CD
4. Tackling obesity and preventing diabetes
This fits in with the LTC campaign. It was reported that there are many barriers for pharmacists supporting this work as it has been suggested that pharmacists are not equipped to take on this role. It is important to link into this work.
5. Strengthening primary care services
NAPC see opportunities in working with the RPS, let's utilise this. GPs need more understanding of how to utilise pharmacists. Support by way of toolkits

and resources is need for pre and post application for pharmacists working in GPs surgeries. Many requests come to the RPS for these new roles outside of the the pilot. There is an opportunity for the RPS to run more events. Discussion continued on training provision and how the RPS helps members to embrace new roles.

Action (8): Discuss how to market the Ultimate Guide – CD/JK

6. Redesigning urgent and emergency care services

Many of the U&EC vanguard sites did not get the funding they were expecting. U&EC is a key component of the Integration Fund.

7. Providing timely access to high quality elective care

Questions were asked as to whether there is a link between this and seven day working and if so, link these together.

8. Ensuring high quality and affordable specialised care

EPB does not have a specific focus in this area

9. Transforming Commissioning

Concerns were raised that engagement with the vanguard sites was not as active as it should be. It was reported that Cathy Picton is the RPS representative on the Clinical Services Review (Murray Review) and she is also sitting on a sub group looking at the barriers to commissioning.

Action (9): A list of vanguard sites (excluding hospital) is being prepared and will be shared with Board members before end of June - HW

Action (10): Email regarding the Clinical Services Review with who is on the group and terms of reference will be circulated – SG

Action (11): Devolution pilots – use LPF teams to engage with pilots – AD/CD

10. Controlling Costs and Enabling Change

Action (duplication of action 16/83): Invite Matthew Cripps, Right Care Programme to the next meeting

Currently working with National Voices in gathering intelligence on patient supported self help programmes.

A document is being developed on “the top 10 things a pharmacist can do for you”, this has come from the Right Care Programme

Action (12): “10 things a pharmacist can do for you” document will be circulated at a later date for comments. – HW

Action (13): Alice Dartnell asked for a letter to go to members from the Chair on the EPB priorities – SG/AD

16/91 Any other Business

There was no “any other business” to report.

16/92 Key Messages

The key messages to be reported from the meeting include:-

- The election of Chair, Vice Chair and Assembly members
- Community Pharmacy Forward View document
- Next EPB campaign – Long Term Conditions and Prescribing

16/93 Close of meeting

The meeting closed at 15.00pm. The Chair thanked Jacqueline Kinsey for attending the meeting.

16/94 Dates of next meetings

EPB working day – 5th October 2016

EPB meeting 6th October 2016

Please note that the meeting dates for 2017 will be confirmed after approval by the Assembly at its meeting in July 2016,.

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

