



ROYAL  
PHARMACEUTICAL  
SOCIETY

England

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

**Minutes of the meeting held on 6<sup>th</sup> October 2016 at 9.00am in the Events  
Space at The Royal Pharmaceutical Society, 66 East Smithfield, London E1W  
1AW**

### **Present**

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

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

### **Guests**

Gillian Hawksworth  
Neera Goel  
Parekh Patel  
Tess Fenn

West Yorkshire LPF  
Birmingham and Solihull LPF  
President, BPSA  
President, APTUK

### **In Attendance**

Helen Gordon  
Catherine Duggan

Brian Walters  
Alice Dartnell  
Neal Patel  
Heidi Wright  
Ian Bates  
Chris John  
Ruth Wakeman

Chief Executive  
Interim Director for England  
Director of Professional  
Development and Support  
Director of Business Development  
Local Engagement Lead  
Head of Corporate Communications  
Practice and Policy Lead for England  
Education Adviser to EPB (for item 7)  
Workforce Development lead (for item 7)  
Assistant Director Professional Development and  
support  
Interim Head of Foundation and Faculty  
Interim Head of Foundation and Faculty  
Pharmaceutical Journal, RPS correspondent  
Secretary to English Pharmacy Board

Beth Ward  
Helen Chang  
Julia Robinson  
Yvonne Dennington

## Apologies

David Branford

### 16/104 Welcome and Introductions

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

### 16/105 Apologies

David Branford gave his apologies as he had been asked to run a workshop at the RCGP conference in Harrogate.

### 16/106 Declaration of Interests

**The English Pharmacy Board noted** paper 16.10/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. Deborah Evans and Catherine Armstrong have given recent updates to their declarations which have been included for the next meeting.

The minutes of the meetings held on 22<sup>nd</sup> and 23<sup>rd</sup> June 2016 circulated as paper 16.10/EPB.04 were agreed as an accurate record of proceedings subject to the following amendment in the minutes of 23<sup>rd</sup> June:-

16/89 English Pharmacy Board campaigns update

The Department of Health requested that a paragraph be removed from the minutes as it contained confidential information. This was actioned upon request.

### 16/108 Matters arising not specifically included on the Open Business Agenda

There were no matters arising to report.

The following comments were received on the action list circulated as paper 16.10/EPB.05:-

16/84.3 – Launch of the guidance has been delayed as it will now align with the recent consultation.

**Action: Wing Tang will circulate the draft guidance along with a timetable that has been developed.**

16/12.3 – Homeopathic products – close this item as the RPS guidance is clear on this issue. Helen Gordon advised that both herself and the President will be meeting with the MHRA in the near future and asked for any matters other than homeopathy to be sent to them to raise in behalf of RPS. this has been done.

16/14 – letter to Schools Council re prescribing – This will now be actioned as the time is now right to raise this with the forthcoming launch of the Long Term

Conditions campaign. The next meeting of the Schools Council is on 21<sup>st</sup> October. We will see if a letter is required following that meeting.

**Action: Catherine Duggan and Chris John to raise at the the issue of prescribing at the meeting**

#### **16/109 The Governance Handbook – 2016-2017**

**The English Pharmacy Board noted** the Governance Handbook 2016 – 2017. This year's revision involved a few minor tweaks to the wording. It is noted that the next revision (2017-2018) will be an extensive overview of the whole handbook which is scheduled to go to the Assembly for approval in July 2017.

#### **16/110 Health Education England, HEEAG and RPS representation.**

Ian Bates and Chris John were welcomed to the meeting to give their update on HEE, HEEAG and workforce developments more widely.

The English Pharmacy Board ratified the reappointment of Ian Bates as Independent Expert Advisor to RPS and RPS Representative to HEE as per paper 16.10.WKGDAY.03 which was circulated for the English Pharmacy Board working day on 5<sup>th</sup> October 2016.

The Chair thanked Ian for continuing in the above role.

Ian informed the meeting that an HEEAG meeting had taken place last week. The meeting highlighted a number of strands that HEE are focusing on in relation to regulated training. Ian reiterated that HEE is a commissioning body and not a delivery organisation.

Ian advised that a communication strategy was imperative in order to get the strategic message of the RPS across at the highest level of HEE regarding the ambition of the RPS as having a Royal College function of being a provider organisation for education. Ian described the RPS as having crystallised the strategic arc that it had been constructing over its time as a professional body. He had concerns that there will be a duplication of work if the RPS message is not heard. He emphasised how important it is to work together to ensure HEE have a greater understanding of what we do and what we can offer. The issue of stakeholder engagement was raised and who exactly the RPS should be engaging with at HEE. It was highlighted that pharmacy needs to stop talking to itself and become more integrated with the other professions, past successes have demonstrated the value of this approach.

Ian advised the Board to engage with the highest levels at HEE bringing the professions unique role of medicines expertise to the world of integration, focusing on the faculty and foundation programmes and the frameworks. He emphasised that the future is not about training for specific roles but about having a flexible and adaptable workforce that can work across various environments. The RPS roadmap describes this flexibility and adaptability demonstrating that the RPS is the major provider of workforce transformation.

Ian highlighted that there will be a new strata of workforce development boards linked to the Strategic Transformation Plans (STPs) which will be called the Local Workforce Action Boards (LWABs). There will be approximately 45 of these boards with 8 across London. Currently it is unclear how they will link with other bodies such as the LPNs, LETBs etc. They will be delivery groups with a remit to develop plans to retrain the workforce. Concerns were raised that the STP draft plans were due to be submitted by the end of the month in order to launch in April 2017 – pharmacy input into these plans is crucial. The importance of having a more joined up approach to education locally was highlighted.

As the STPs become more important, workforce will be an important part of their strategy. It is imperative that the RPS gains local traction. The RPS strategic arc should link with the locality structure.

Concerns were raised regarding HEE managing its own conflicts – particularly in relation to the quality of the training and its evaluation. This needs to be challenged as the training currently is allegedly “not fit for purpose”. Gill Hawksworth declared an interest as a CPPE Tutor and supported the issues raised. Catherine Duggan reiterated that we would need evidence of whether the training is or isn't fit for purpose and that, given we don't accredit CPPE training, we don't have that evidence.

Helen Gordon thanked Ian for his update and agreed that it was important to speak the language of HEE and to seek a meeting initially with Sue Ambler and Ian Cumming with a view to escalating to the highest level to demonstrate the RPS offering and to help them to understand the value of what the RPS can bring.

Concerns were raised that the lack of understanding around the RPS offer was more about politics than an actual lack of understanding. The RPS has for years, even as RPSGB, demonstrated their interest and commitment to education and training. Having to have Royal College status before being listened to is not essential and a change of focus is called for and the RPS should lobby ministers in order to get their offering the appropriate recognition.

Catherine Duggan said there was a communication plan underway to engage the support for the Roadmap of the four Chief Pharmaceutical Officers across UK. Catherine agreed that a communication plan was required to seek to remind the profession of the journey the RPS has taken in the development of the education and workforce strategies.

Ian sought to remind the Board of the influence it had exerted on MPC since 2008 and what successes had emerged: with RPS Faculty and Foundation programmes and prescribing frameworks from its workstreams.

**Action: Ian suggested that the RPS submit a brief paper to the next HEEAG meeting articulating the work of the RPS relating to education and workforce.**  
**Action: Ian Bates to circulate confidential note regarding HEE/HEEAG update**

**Action: Seek meeting with Sue Ambler and Ian Cumming to demonstrate the offering of the RPS**

**Action: Develop communications plan for engaging with other professions (including the Academy of Royal Colleges and other Royal Colleges), high level stakeholders and the members.**

## **16/111 Community Pharmacy 2016/17 and beyond**

The Chair said there was not a lot to report as due to the combined effects of Brexit and summer recess very little has happened.

The Department of Health has advised there will be a debrief meeting on 11<sup>th</sup> October ahead of the PSNC board meeting scheduled for 11/12<sup>th</sup> October, where the proposals will be discussed.

We are in a state of readiness with a communications plan dependent on the outcome of the proposals.

It was broadly agreed that the Forward View was a good document and had demonstrated the value of working together, joint working with the other pharmacy bodies has improved over the past year. The Price Waterhouse report commissioned by PSNC was also an excellent report and demonstrated the social capital of the pharmacy network and focused public health. It was reported that London North East had also produced a document.

Neal cautioned that the pending news on the reforms was unlikely to be good news and that some organisations may call for further action. It will be important that the RPS gets its messaging right in order to maintain longer term relationships. It is to be recognised that government has listened. It was requested that any response is to be sent to Board members in the first instance. Board members were reminded not to deviate from the corporate message unless they make it explicit that they are doing so but a collective response is to be encouraged.

Invited guests highlighted that any response from the RPS needs to be palatable for its membership.

Tess Fenn added that they were also working on their messaging being cognisant of the impact on patients and the public. She also added that APTUK were disappointed not to have been consulted on the Forward View document as they could have added additional perspective.

**Action: Ash Soni to circulate link to the London North East Document**

**Action: make use of the PWC report and the Right Care data in our response and other work – Neal Patel**

**Action: supportive tweeting for RPS response to the reforms announcement from other Country Boards to be encouraged – Neal Patel**

## **16/112 Public Affairs and Policy Update**

### Party Political Conferences

Following the demise of the public affairs team Portland Communications agency was engaged to help with the running of the Party Political Conferences from the RPS perspective. A debrief meeting with Portland will be held in due course. Portland played a very good supportive role giving weekly updates on progress. They were tasked with arranging meetings with politicians at the conference but a number of politicians replied saying that it was not convenient to meet at the conferences but offered follow up meetings afterwards.

Consideration needs to be given as to how Portland can support us on a project by project basis. They are already engaged to help with the Long Term Conditions campaign. We will need their advice on engaging with STPs and Local Government.

Liberal Democrats Conference – Ash Soni attended to address the Fringe meeting. He said it was very useful to engage at a local level and had the opportunity to demonstrate the value of pharmacy. Norman Lamb and John Pugh were present at the Fringe meeting. Portland phoned Ash in advance of the meeting but were not in attendance on the day. Ash thought that there could have been more value gained from the event.

Heidi Wright attended the round table event (jointly held with PV and PSNC). Only 3 external guests were present at this event. The format for the roundtables was PSNC speaking about where pharmacy had come from, PV about the forward view and RPS about the future.

Labour Conference – Heidi Wright attended the joint round table event, as above but with 6-7 external guests.

Claire Anderson attended the fringe event and felt well supported by Portland for the event. Multi morbidity was discussed and pharmacy was high profile in the discussion.

**Action: Arrange follow up meeting with the Chief Executive of the Patient Group and also with Julie Cooper MP (Shadow Minister(Health) (Community Health))**

Conservative Party – Sibby Buckle declared an interest for this item as she is an active Conservative Party member. Sibby Buckle and Heidi Wright attended this conference.

Sibby said she felt the conference had gone well overall and had felt well supported by Portland and RPS staff. She had the opportunity to have one to ones with MPs, getting the pharmacy messages across, and reported that it was pleasing to see that we have MPs who are advocates for pharmacy. Sibby suggested we have follow up meetings, in particular with John Glen (PPS to Chancellor)

The roundtable meeting was well supported and was attended by Alistair Burt, who is a champion for community pharmacy, and Oliver Colvile, who is the Government's ambassador for pharmacy.

It was broadly agreed that Portland had given excellent support with individual briefings. Attendance at future conferences is essential to keep in touch with those

in power and those that may be in power in future years. It was suggested that future attendance be more concentrated and not necessarily attend on all days.

Neal Patel and his team were thanked for their support for the party conferences communications, and the advanced notice given of conference meetings. Board members asked how they could support ongoing work following on from the conferences. It was suggested that local expertise should be harnessed and relationships built with local MPs and councillors.

**Action: look at resources available for getting involved at a local level and signpost where necessary – Team England**

## **16/113 English Pharmacy Board Programme of Work including Campaigns**

Catherine Duggan introduced the presentation explaining that both Directorates are now fully joined up with their work programmes and this way of working will continue after the appointment of the new Director for England.

### Long Term Conditions Campaign

There was some discussion around the draft revised Long Term Conditions policy. The policy has a community pharmacy focus. Board members were requested to submit their comments on the draft to Heidi Wright within the next week – apologies were given for the short time scale. Discussion continued on the policy document and it was agreed that all comments should be fed back and views on whether the document should cover GB or each country have separate policies, nuanced for the specific country. Case studies for the document will be welcomed.

Discussion continued around the launch of the campaign which is planned for 30<sup>th</sup> November in the House of Commons – this will be a cross party event, but the room will be sponsored by Kevin Barron MP. Invites will be going out to people outside of pharmacy and we are seeking supportive statements. A media story is currently being developed and patient benefit examples are required. It is hoped that the RPS gets good media coverage but this cannot be guaranteed. An internal planning meeting is scheduled for Friday 7<sup>th</sup> October.

The long term conditions campaign will be launched in Wales at their Medicines Safety Conference on 3<sup>rd</sup> November 2016. Chris Ham from the Kings Fund is attending the conference. We are currently endeavouring to secure a meeting for the Chair and Chris Ham. Chris has a brief to look at how countries support long term conditions.

The campaign will be launched in Scotland at a road show. Co-ordinating the launch across all three countries ensures a joined up approach.

Invited guests commented on the amount of work that was in train and asked for more information in order to get the message out locally.

**Action: It was suggested that the RPS secure a meeting with the new chair elect of the RCGP, Helen Stokes Lampard (she takes office in November 2016)**

**Action: Comments on the draft LTC policy to be with Heidi Wright by 13<sup>th</sup> October 2016**

### Prescribing

The Prescribing Competency Framework was launched in July and was endorsed by many. Evidence shows it is being well used and there are lots that are using it that we are not fully aware of. The web page is being continuously updated. Currently working with RCN on regional events, 9 events are currently planned these are repeated in the afternoon and evening. We are currently working with the British Pharmacological Society – they have a role in prescribing training for doctors.

The RPS needs to embed the prescribing framework into all of its campaigns as it will be an enabler for the workforce. The workforce vision is clear – graduates are able to prescribe on day one but will need consolidated practice to prescribe, our policy is aligned.

Prescribing should be linked with the Faculty and Foundation programmes. It is envisaged that revalidation will require a prescribing competency as one on the CPD entries.

Both PSNC and DH indicate that the profession needs a critical mass of prescribers for pharmacy prescribers to be truly recognised. Ash Soni said there is an opportunity to collect some evidence as the south London region is currently training 40 prescribers to map into the STP. Some LPCs are also looking at funding prescribing training.

One of the current barriers to prescribing is the need to have a designated medical practitioner to mentor – the profession needs to lobby for change in legislation for any prescriber to be able to mentor. Catherine Armstrong mentioned that if a pharmacist has completed the course but fails to register they need an extra declaration – a pharmacist prescriber is in this instance allowed to mentor this person for 6 months.

### Rebalancing

Important issues for the Rebalancing Board are:-

- Decriminalisation of dispensing errors
- Supervision – sale and supply of medicines (looking at what point a pharmacist should be involved)
- Responsible pharmacist and role of superintendents

Future work on this involves a summit on error reporting which is being held on 28<sup>th</sup> November to which Keith Ridge is invited along with other stakeholders. The stakeholders will be asked to assist with implementation.



Once the section 60 order is laid, hopefully in the Autumn, it will be important to demonstrate implementation and support in the interests of improving patient care. Communication around this is important.

Tess Fenn said that APTUK have a similar programme and will be having a launch on 12<sup>th</sup> November with a programme of implementation to ensure all technicians are aware.

#### Hospital Pharmacy

The Carter report is a driver to improve efficiency. NHS England published metrics in July. The RPS is doing some work on the detail which sits behind the metrics. In light of the Carter Review the hospital standards are being reviewed, a mapping exercise is being carried out.

Aamer Safdar has been invited to the Hospital Pharmacy Europe conference in November. He has also been invited to RPS Hospital Expert Advisory Group to provide expertise and policy. It is important to understand if Aamer's dual roles align with the position statement of the RPS as with all members of the EPb when speaking externally

A point to note: It is also important for there to be links between the marketing team and the Board in order to use attendance at conferences to the greatest advantage for the RPS and its members.

**Action: raise the issue of conference attendance with Brian Walters – Neal Patel**

#### Care Homes

The care home report will be published imminently and will be available at the meeting of Vanguardians on 13<sup>th</sup> October.

Currently awaiting the New Care Models framework for enhanced care in care homes – pharmacists are seen as having a role in care homes.

A meeting with Sarah Billington is still to be arranged and it was suggested that she be invited to a future board meeting to talk about her work with the CQC.

**Action: Note Sarah Billington's attendance at a future board meeting - YD**

Neal Patel informed Tess Fenn that pharmacy technicians being used as part of the pharmacy team in care homes is one of the case studies.

Work on Pharmacists and GP surgeries and pharmacists role in Urgent and Emergency Care is ongoing.

The staff were thanked for the amount of work that was ongoing and how they were dedicated and embraced the work.

### **16/114 EPB Operational Plan**

Catherine Duggan explained that usually this time of year the English Pharmacy Board would be signing off a business plan for 2017. This year, a new way of working is proposed given where we are in the fit for business and restructuring underway. A small working group has been set up comprised of non-Assembly members who will undertake the task of priority setting of work for 2017 (meeting set for beginning of Nov) which will be submitted to the English Board in January 2017 for their comments and approval. The working group will work with the staff to achieve this by January. It is to be noted that the budgets are firmly set for 2017 and that there is no extra money in the budget. This proposal to delay until January will also ensure the buy in from the new Director for England who should be in post by mid January.

Gill Hawksworth congratulated the staff on the incredible amount of work being undertaken.

The Chair noted that recruitment targets had been achieved for Q3 but that the targets for Q4 were challenging. Martin Astbury added that the targets belong to everyone and encouraged everyone's help in delivering the membership targets for Q4 and beyond.

### **16/115 Update papers for noting formally by the English Pharmacy Board**

**The English Pharmacy Board noted** paper 16.10 EPB.12 (i) – (vii) which includes:-

*Corporate Communications*

*Public Affairs*

*LPF*

*IM&T*

*Consultation and Policy* – Additional consultation to note - GPHC fitness to practice changes – Aileen Bryson is leading on this response. Some points were noted for the response in respect of faculty membership being a benefit, thereby a focus on a risk based approach should be included .

*Medicines Optimisation* – Gill Hawksworth informed the Board that a Medicines Optimisation School is being launched on 31<sup>st</sup> October in West Yorkshire – it will be multi-disciplinary - Gill will have an LPF stand at the event. **Action: HW to send Medicines Optimisation Eye Health briefings to Gill ahead of the event**

*Web Development*

### Pharmacy Public Health Forum update

Helen Gordon gave a verbal update. Currently there are no minutes of the meeting to share. The meetings are now infrequent. The Healthy Living Pharmacy task group is still in operation. Claire Anderson has recently replaced Deborah Evans on this group. The new Chair of the Healthy Living Pharmacist Task Group is Gregg Fell. A meeting of the Forum is planned for 11<sup>th</sup> October to focus on priority setting for the forthcoming year and pharmacy will be a central theme as well as aligning with the priorities of PHE and NHSE. Helen undertook to distribute a note following the meeting.

Helen was asked if the group were looking at working on hypertension. Helen replied saying that a whole range of topics were being considered. It was noted that Pharmacy Voice are leading on a document relating to high blood pressure.

Ash Soni declared an Interest as working with the Advanced Quality Assurance for the ALP scheme. He said they were looking at hypertension and he was doing some work with Helen Williams.

**Action: Helen Gordon to circulate note of meeting on 11<sup>th</sup> October 2016 along with the minutes of the previous meeting once they become available**

#### Learning Disabilities

Learning disabilities is one of the priority areas of NHSE. The RPS recently responded to a letter from Dr Julie Higgins setting out the activities we have undertaken to date and the plans we have for years 2 and 3 in relation to the STOMPLD (Stopping The Over Medication of People with Learning Disabilities) pledge. David Branford is the RPS representative for this project and is an active member of the STOMPLD programme delivery board. This work will fit in with the priority areas of the English Pharmacy Board.

Gill Hawksworth added that West Yorkshire has a Learning Disabilities Programme – Making Time – an LPF meeting is scheduled on this topic area.

### **16/116 Professional Development and Support quarterly report**

**The English Pharmacy Board noted paper 16.10/EPB.13.**

#### Hospital Pharmacy Update

Ruth Wakeman tabled an update paper on Hospital Pharmacy.

A number of items were covered in the update, namely:-

##### *Hospital and wider workforce*

*Seven day working* – it was highlighted that there is a need to be mindful with over promising and under delivering – community pharmacy does not have a 7 day service – to be noted that a 7 day service is not the same service 7 days a week.

##### *Carter Review: Model hospital pharmacy metrics*

*Update to The safe and Secure Handling of Medicines: a team approach*  
*Guidance on working with the pharmaceutical industry*

##### *Chief Pharmacists*

##### *Prescribing competency framework*

*Clinical Services Accreditation Alliance (CSAA)* – This is an important piece of work – looking at “what good looks like” across a patient pathway – creating a high level set of tools and standards for accreditation of health services– helping multi professional teams to reorganise services. The outputs of the project, which has been brought to the attention of Keith Ridge, are being launched at an event at the RPS on 25<sup>th</sup> November, Mike Durkin and Mike Richards (CQC) have been invited as key speakers and it is expected the event will attract significant people from the NHS.

*Homecare* – questions were asked around the definition of homecare – homecare (one word) is used where medicines are delivered – home care (two words) refers to care delivered in a care home. The point was made, and noted by Ruth, that it is important to make links with industry regarding homecare.

## 16/117 Any other Business

### Strategic Transformation Plans

Liz Butterfield raised the question as to whether the EPB has a strategy to link in with the STPs. The deadline for the plans to be submitted is the end of October with the plans going live for April 2017. Currently there are 44 STPs.

Ash Soni said he was involved with 5 of the STPs. Alongside the transformation plans the digital roadmaps are being written – which set out a system of connectivity across the geographies and are based on sustainability and the 18 week pathway and the 4 hour waiting time at A&E. It is thought any future money will go to the STPs and not to LETBs.

Concerns were raised regarding where to focus effort as there were similar problems with Vanguard.

Claire Anderson and Tracey Thornley offered some resource with their PhD student who is currently undertaking a mapping exercise in relation to Vanguard.

Ash Soni cautioned in getting involved with all of them but rather to focus on those where there were opportunities to be involved.

The STPs appear to lack significant input from Pharmacy.

Ash reported that the STPs had been invited to the Regional Development Day, it was suggested that Heidi Wright may wish to attend. Ash offered to be a point of contact with the LPN Chairs as he is a member of this group

There were many suggestions as to how a plan could be developed, involving the Innovators' Forum, LPN chairs, gaining access to the patient record, involving NHS Digital, using leaders who are members that are already involved with STPs.

**Action: It was agreed that a strategic plan of action should be developed to engage with STPs – Heidi Wright.**

**Action: EPB to write a letter to Liz Diamond, Pharmacy Lead for STPs offering to work with her.**

## 16/118 Key Messages

The key messages from the meeting were pending announcements on:-

The new Director for England appointment  
The Community Pharmacy Reforms

### **16/119 Close of meeting**

The meeting closed at 15.00pm. The Chair thanked the invited guests for attending the meeting and asked for their feedback. The consensus from the guests was that the meeting had been enjoyable, the debate was good, excellent chairing, and an interesting experience. All guests thanked the chair for the invitation to attend the meeting.

### **16/120 Dates of next meetings (2017)**

EPB working day 25<sup>th</sup> January 2017  
EPB meeting 26<sup>th</sup> January 2017

EPB working day – 4<sup>th</sup> April 2017 (at Universtiy of Nottingham)  
EPB meeting – 5<sup>th</sup> April 2017 (at University of Nottingham)

EPB induction and working day – 21<sup>st</sup> June 2017  
EPB meeting – 22<sup>nd</sup> June 2017  
(AGM – 21<sup>st</sup> June)

EPB working day – 4<sup>th</sup> October 2017  
EPB meeting – 5<sup>th</sup> October 2017

***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.

