



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

Minutes of the meeting held on 26th January 2017 at 9.00am in the Events space, 4th floor, 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 Soni

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

Guests

Keith Farrar

Senior Responsible Owner Digital Medicines,
Medical Directorate NHSE

Clare Howard

Clinical Lead, Medicines Optimisation Programme,
Wessex AHSN

Ravi Sharma

Programme Clinical Lead (Clinical Pharmacy) at
NHS England and Senior Practice Pharmacist at
Stockwell Lodge Medical Centre.

Neil Watson

Clinical Director of Pharmacy and Medicines
Optimisation, Pharmacy Directorate

Kevin Noble

Managing Partner Pinnacle Health LLP

Prof Gino Martini

Chair of the Industrial Pharmacists' and Country
Medical Leader (Interim) Roche Pipeline

Alastair Henderson,

Chief Executive, Academy of Medical Royal
Colleges

In Attendance

Helen Gordon

Chief Executive

Robbie Turner

Director for England

Catherine Duggan

Interim Director for England Director of Professional
Development and Support

Brian Walters

Director of Business Development

Neal Patel

Head of Corporate Communications

Chris John

Workforce Development lead

Ruth Wakeman

Assistant Director Professional Development and
support

Beth Ward
Helen Chang

Julia Robinson
Yvonne Dennington

Interim Head of Foundation and Faculty
Pre Foundation Programme Manager | Interim Head
of Foundation and Faculty
Pharmaceutical Journal, RPS correspondent
Secretary to English Pharmacy Board

17/10 Welcome and Introductions

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

17/11 Apologies

There were apologies for lateness from Ash Soni and Sibby Buckle but no apologies for absence.

17/12 Declaration of Interests

The English Pharmacy Board noted paper 17.01/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.

An update to the declarations of interest will now take place following on from the receipt of the annual submission from all Board members.

17/13 Minutes of the meeting held on 6th October 2016

The minutes of the meetings held on 6th October 2016 circulated as paper 17.01/EPB.04 were agreed as an accurate record of proceedings.

17/14 Matters arising not specifically included on the Open Business Agenda

16/110 – Meeting arranged for Robbie Turner and Sue Ambler for 14th February 2017 – Catherine Duggan added that we should look at who from the RPS meets the appropriate person at HEE. A matrix of HEE leadership will be shared with the Board

16/113 – Sandra Gidley met with the Chair of RCGP, Helen Stokes Lampard

16/117 – A letter to STPs has not yet been sent – Robbie Turner undertook to follow this up and get something out before the next meeting.

17/15 Election information for 2017

The English Pharmacy Board noted paper 17.01/EPB.06.

The Chair informed the Board that she had flagged up to Robbie Turner the issues around coverage of the annual elections in the PJ. A briefing meeting on the elections is scheduled to be held on 6th February where this will be discussed.

Discussion continued on the elections and some points were raised which will be discussed at the briefing:-

- Ability of members to use the tools provided such as the video links

- Putting the message out about elections via the LPFs to encourage diversity of candidates and increase turnout
- Time commitment required by board members

17/16 Health Education England, HEEAG and RPS representation.

It was decided by the Chair and Ian Bates that this item should be moved into confidential business.

17/17 Update by Keith Farrar on the digital medicines aspect of the National Information Board

The Chair welcomed Keith Farrar, Senior Responsible Owner Digital Medicines Medical Directorate, NHSE, to the meeting and thanked him for coming.

Keith thanked the English Pharmacy Board for the invitation and said the Digital Medicines Programme is about helping healthcare professionals to make clinical contributions to the care of patients. Digital medicines falls under Domain E of NHSE.

Keith gave a presentation and said there were three big programmes of work

- Digitising community pharmacy and medicines
- Pharmacy supply chain and secondary uses
- Integrating pharmacy across care settings.

Each programme has several underpinning projects.

Exemption checking is an issue that came up for discussion, with board members saying they did not want pharmacists being responsible for policing exemptions. Keith Farrar said pharmacists would facilitate the system as Business Service Authority do the routine check. More discussion continued about part dispensing of prescriptions and the need to print a paper copy of the prescription. Keith said there could be a digital solution and asked for help in understanding exactly what is required digitally. He said he is interested in listening to how pharmacy is developing and what support is needed.

NHS mail is currently being rolled out to all pharmacies – GPs already work with this system. Transfer of information through this system is efficient.

The issue of EPS and hospital trusts was raised. Keith Farrar said he did not have responsibility for this as it came under Domain G. He said that the problems are often due to implementation and the complexity of the business, not the software itself. EPS will continue to be enhanced.

Questions were raised regarding timescales, to which the reply was that changes are dependent on changes on legislation and regulation along with changes in the GMS being a limiting factor.

The issue of suppliers was raised and how it is difficult for new suppliers to enter the market. Keith Farrar replied that it didn't seem to be the case that suppliers were queueing up to enter the market and advised that it was up to the users to influence the market, user feedback provides the greatest impetus.

When talking about FMD Keith Farrar said the aspiration was to facilitate improved processes to ensure scanning is undertaken to make life easier. Discussion continued about concerns over decommissioning and having 10 days to recommission – it is anticipated that there will be a software solution for this and it is important to understand the policy around this. Keith Farrar said he will be in dialogue with the RPS about this.

Integrating pharmacy across care settings is a big programme of work. Work is ongoing to secure access to the summary care record for all pharmacies, 90% of pharmacists are now trained. Over 60% of pharmacies have gone live. The roll out of NHS mail to all pharmacies should be completed by the Autumn, this will enable referrals from one clinician to another.

Discussion continued on GP and pharmacist clinical records and how information is shared between clinicians. Keith Farrar said sharing of records is about having appropriate clinical standards and interoperability of systems and said that once he understood the needs of pharmacists in relation to clinical records he would be able to investigate further. It is also important for pharmacists to understand that if the integration of pharmacists into patient care pathways comes to fruition pharmacists must be able to meet the challenge.

The Chair asked Keith Farrar how the English Pharmacy Board could help. Keith replied that supplier system development is a huge challenge so knowing what the profession wants will be useful, but he could not guarantee delivery of all the demands. It is important for user groups to let suppliers know what they want. Robbie Turner highlighted the need to change the language to interoperability so that the pharmacist patient record is valued by other clinicians.

The Chair thanked Keith Farrar for attending.

Action: Raise the issue of pharmacists' referrals with the Minister.

Action: Circulate presentation to Board members

17/18 Public Affairs and Policy Update

Neal Patel gave a verbal update on public affairs.

Pharmacists in GP surgeries

Ravi Sharma has been pivotal in arranging a visit for the Minister, David Mowat, on 23rd February 2017, demonstrating the work of pharmacists in GP surgeries and meeting with the whole general practice team. The Chair and Ravi Sharma will be attending from the RPS.

The issue of funding for the positions of pharmacists in GP surgeries was raised in respect of how important it is to emphasise that this funding did not come from community pharmacy funding but is a separate funding stream from NHSE. Some think that the programme is being disadvantaged by such mis-understanding.

Recruitment for Public Affairs Manager

Neal advised that 4 candidates for this position will be interviewed on 2nd February. An appointment should be forthcoming.

Portland – Public Affairs Agency

Team England is continuing to work with the Portland agency in order to maximise opportunities until an appointment is made for the Public Affairs Manager. The agency are continuing to arrange pharmacy visits and there will probably be a follow up visit with David Mowat after the judicial review.

The contract with Portland is being managed to get the maximum value for money whilst not being too overambitious.

17/19 Innovation and Integration Fund

The Chair welcomed Clare Howard, Ravi Sharma, Neil Watson and Kevin Noble to the English Pharmacy Board,

Clare Howard, Neil Watson and Kevin Noble gave presentations on Clinical Handover to Community Pharmacy and Bridging the Gap.

Clare and Neil demonstrated the work undertaken by AHSNs on clinical handover to community pharmacy which aims to “develop and implement a regionally accepted framework for electronic communication between secondary care and community pharmacy services that can be easily embedded into normal working practices”. Positive outcomes have been achieved in reducing readmissions to hospital. A study undertaken in the Isle of Wight clearly demonstrates reduced readmissions and they are currently trying to get this data published. These results are helping to build a picture of the value of pharmacy support at every stage of a patient’s pathway.

Kevin Noble demonstrated in his presentation “Bridging the gap” that economic evaluations show great value and that savings could be substantial for the NHS. Crucial to the success of clinical handover is changing the mindset of pharmacists and making it part of the day job.

AHSNs will be developing an implementation toolkit and hope to be influential with NHSE thinking on MURs and with developing referral criteria to support future commissioning.

The role of the RPS in this is seen as:-

- setting a great example of joining up the different sector pharmacists around the patient and their medicines
- Feeds into STPs, integration, RPS Transfer of Care work etc

- to support and ensure sector boundaries are broken down.

Discussion continued on sharing best practice, and how the best time to do a referral is in the hospital setting at the time of discharge and allowing the community pharmacist to takeover the patient and their medicines. Clinical handover/transfer of care is gathering pace but much still needs to be done to change behaviours.

Update on Pharmacists in GP Surgeries – Ravi Sharma

Ravi gave a presentation on how the role had come about historically and an update on phase 2 of the programme:-

- The GPFV includes a commitment to deliver an additional 5,000 clinical and non-clinical staff in general practice.
- A commitment to have ‘a pharmacist per 30,000 of the population
- Central investment of £112m to extend pilot programme.
- Additional 1,500 clinical pharmacists in general practice by 2020/21

NHS England and Health Education England (HEE) are working together to ensure the provision of training, education and development for pharmacists and practices.

There will be a rolling application process with regional panels reviewing applications on a regular basis. Should applications be unsuccessful, the local teams will provide feedback to suggest improvement for re-submission

Concerns were raised about the role disappearing when the funding comes to a end.

Ravi was asked if there will be the opportunity to appoint on a less than “full time equivalent” basis – Ravi thought this will be possible.

Ravi agreed to share some of the case studies to be used for media purposes to help demonstrate that the RPS has been instrumental in this initiative.

Dave Branford raised the issue of the commitment to have a pharmacist per 30,000 of the population and asked if there is any data regarding the number of pharmacists who are working in GP practices outside of the scheme. Ravi said the data collected by NHS digital is not accurate. There was some discussion around education and training for this cohort of pharmacists.

The Chair emphasised how this scheme should ensure that applicants are clear on how they are going to integrate with community pharmacy, this is a great opportunity for the scheme. She assured Ravi of the English Pharmacy Board’s support for this programme.

Action: Catherine Duggan and her team to work with Ravi Sharma using RPS frameworks to ensure synergy with the scheme

Action: Ravi to share case studies

Action: Circulate the presentations

The Chair thanked Clare, Kevin, Neil and Ravi for their presentations and said she would be able to use some of the information she had heard today for her meeting with the Minister.

17/20 Industrial Pharmacists' Forum and Industry

The Chair thanked Gino Martini, Chair of the Industrial Pharmacists Forum and Country Medical Leader (Interim) Roche Pipeline, for attending today's meeting.

Gino thanked the English Pharmacy Board for the invite. He said he had had a mixed portfolio of work starting his career in community pharmacy, moving into industry, then academia and back into industry. He said this demonstrates how a pharmacist can move between the sectors, thereby not limiting oneself, pharmacy is a "passport qualification".

He said he had been amazed at the changes in industry during the time he left for 4 years and returned. His team is made up of mainly young pharmacists under the age of 30 and most of whom are members of the RPS. Most pharmacists enter industry from community or hospital pharmacy. Industry has really evolved and the message needs to be conveyed to students and young pharmacists about career opportunities. Pre reg places in industry are likely to increase.

Gino said he would like to help the EPB in getting the message out to members about industry. Currently the Forum only communicates with 10% of the industrial pharmacy members. He would like to help the RPS increase its membership.

He highlighted a number of issues including QPs and QPs post Brexit, relocation of industries making the UK less attractive post Brexit, apprenticeship levy, post graduate training (foundation and faculty).

Gino requested that a task and finish group be set up to discuss some of these issues. Catherine Duggan undertook to discuss these issues with Gino outside of the meeting.

Gino also highlighted that regarding FMD some hospitals were not up to speed.

Gino said he hoped to form better links between the RPS and ABPI.

Brian Walters said that the "insight" work that is currently being undertaken will include industry and the new website launch in March may address some issues regarding communications.

Gino was thanked for attending the meeting and it was acknowledged by Board members that there should be more emphasis on:-

- Industry being integrated and working together with the RPS,
- more access to resources,
- recognition of Gino's status within industry,

- decreasing isolation,
- use of industry in media campaigns and consultations
- building on skill mix.

Gino thanked the Board for the invite and said that it meant a lot to him and the Industrial Pharmacists' Forum to be invited and able air their views.

Action: CD and Gino Martini to meet to discuss industry issues.

17/21 Multi Disciplinary Working

The Chair welcomed Alastair Henderson, Chief Executive of the Academy of Medical Royal Colleges.

Alastair thanked the English Pharmacy Board for their invite.

Alastair described the AoMRC as the membership body for Medical Royal Colleges in the UK and Ireland. Their council is made up of the presidents of the colleges and faculties and is chaired by Dame Sue Bailey. The college co-ordinates the view of the Medical Royal Colleges on cross-speciality issues and represents them to external stakeholders. The college works across areas of education, policy, quality improvement and voice.

Education: Medical Royal Colleges are responsible for post graduate education. Revalidation is increasingly important – the challenge being to get it to be business as usual. Currently in talks with NMC – working on building something up across the professions on core capabilities.

Health Service Policy and delivery: this area of work is increasingly important in order to deliver a sustainable health and care system. Some of the challenges are around reconfiguration of services (STPs), seven day service, informatics and obesity (interestingly quite a lot has happened on the obesity agenda over the past 3 years).

Benefits: There is strength in having a collective voice, many issues are not specific to one profession, facilitating access – can open doors that smaller organisations cannot do alone. Sharing information, limiting reinvention, and priority setting.

Choosing Wisely: An initiative aimed at facilitating conversations between patients and doctors in choosing the appropriate care, with the aim at reducing interventions that have little or no value. The approach is from a quality perspective and is not a cost cutting exercise. This was first launched in 2015. In 2016 colleges were asked to come up with interventions that they felt had little or no value – there was a great response to this.

Working together: The college is committed to greater cross professional working. Alastair said he would be in touch with the RPS about a possible project. He felt there may be opportunities arising from Brexit and the implications that brings for medicines regulation and for working together to ensure future sustainability of the health and care system.

The Chair thanked Alastair for attending and said that she looked forward to working more closely with the AoMRC in the future.

17/22 English Pharmacy Board Programme of Work including Campaigns

Robbie Turner presented on this item. Robbie reflected on the priority setting session undertaken by the English Pharmacy Board at their working day on 25th January, congratulating the Board on their level of engagement with the session and said how this had a positive impact for his first Board meeting as Director for England.

Dave Branford added that it is important to look for the opportunities that exist with the other professions, primarily the RCGP, when deciding on the campaign priorities in order to gain more traction.

Robbie took the English Pharmacy Board through the team presentation which had been circulated in advance of the meeting.

LTC: traction at national level for this campaign has been good but the same level of traction has not been felt locally – Robbie suggested a refresh of this campaign through local engagement.

Prescribing: There was some discussion around prescribing and the capacity for training. Polypharmacy is increasingly becoming a bigger issue and more prescribers will be needed to deal with this. Questions were asked about who is offering prescribing courses. Ruth Wakeman informed that Board that the courses are based on the RPS competency framework, these are the standards, and the GPhC regulates the courses. GPhC have a list of course providers on their website. Ash Soni added that he has been prevented from commissioning more prescribers as he has been informed that the system is changing. It is noted that the consultation is currently out on the issue of changes to the designated medical prescriber as part of the sign off process. RPS is currently formulating their response.

Rebalancing – Reporting and learning standards: a programme of work is necessary. Robbie Turner is meeting with the President to discuss rebalancing.

Community Pharmacy Reforms:

- Concentrating on the Murray Review and getting as many clinical services commissioned as we can.
- Our members would expect us to articulate our concerns for the impact of the reforms on patients.
- Cuts will diminish the ability of pharmacists to make progress in the future for the benefit of patients.
- Workforce pressure issues have been raised with the GPhC.
- It is important to be positive and support the digital enablement programme, the profession needs to support this.

Polypharmacy: Professional Development and Support directorate are doing some work on polypharmacy this year, building on the work done in Scotland. It will be a

GB piece of work. Catherine Armstrong added that the medicines optimisation dashboard is being refreshed, and she will inform Ruth Wakeman of the deadline for this.

Hospital Pharmacy Reform: Safe Handling of Medicines (Duthie Report) is having a refresh, the work is underway and will take about 18 months to complete. The issue of Chief Pharmacists not being members of the RPS was raised. It is noted where Chief Pharmacists are members of the RPS it filters down and their staff tend to be members too.

Workforce Summit: A workforce summit was held on 12th January 2017. Of particular concern at the summit was the Carter Review and seven day working. Chris John is producing a report of the day. Other summits will be held regularly.

Working with Industry: The issue of conflicts of interest came up in relation to working with the industry, but it was highlighted that it is not all about receiving funding, it is about using the skills the industry have too. Sir Malcolm Grant's report mentions the changing relationship with industry and how the NHS wants to collaborate with them. The outputs of the consultation are to be known before RPS guidance on working with the industry can be published.

Care Homes: Work is ongoing to develop a system which will encourage bids from a variety of providers, working as part of multidisciplinary teams. . The reference group for the Pharmacy Integration Fund has not yet been set up, but the oversight group will decide how the fund is spent. It was suggested that Ann Joshua be invited to a future board meeting.

Pharmacists in Urgent and Emergency Care: Anne Joshua is a passionate advocate of this initiative. It was suggested that local pharmacists be given the tools to initiate conversations with Chief Pharmacists to encourage this role. The issue of clinical handover was raised in relation to A&E, this is not just a service for patients that have been admitted.

Patient/clinical Record: A conversation is to take place regarding the "asks" for the future in relation to the patient record, this will be raised at the Pharmacy Digital Forum.

Medicines Optimisation: The Right Care programme now has responsibility for medicines optimisation and they have recently appointed two pharmacists. The updating of the medicines optimisation dashboard is being led by Clare Howard and Wessex AHSN.

Domiciliary Care: The question of how this issue fits in with the work of the EPB was raised and also in the context of the AHSNs seeing this work as important. It could be a way into STPs. There could be value in RPS leading this piece of work. It was suggested that Robbie look at this in the context of other work. Catherine Duggan/Ruth Wakeman offered to help with a fact sheet on this issue.

Robbie Turner said he would be looking at the existing campaigns and identifying how they relate to other key priority areas identified, namely anti microbial resistance, mental health and diabetes, and he will be coming up with a business plan and some key deliverables before the April EPB meeting.

Robbie went on to say that Local Engagement is another priority area he will be concentrating on in coming weeks along with national stakeholder engagement. The recruitment of a new public affairs manager will help with this piece of work.

It was requested that the issue of holding a local engagement meeting at the next RPS annual conference be considered. This will be raised at the next conference meeting.

Key points from the presentation from Keith Ridge, Richard Murray and Bruce Warner will be circulated to the Board.

Action: amend slide to say “LTC including prescribing” not and prescribing.

Action: Catherine Duggan undertook to look into the issue of prescribing course and the possibility of the system changing.

Action: Catherine Armstrong to inform Ruth Wakeman of the deadline for the refresh of the medicines optimisation dashboard.

Action: Invite Anne Joshua (care homes) to a future board meeting.

Action: Robbie Turner and Sibby Buckle to have conversation regarding the “asks” for the clinical record following on from Keith Farrar’s address.

Action: Circulate key points from Keith Ridge, Richard Murray and Bruce Warner session

Action: Develop business plan including key deliverables on the 3 priority areas – AMR, MH and diabetes.

Action: Raise issue of local engagement event at the RPS conference

Action: Domicillary care – RT to look at this in the context of other work and CD/RW to help with fact sheet

17/23 Professional Development and Support quarterly report

The English Pharmacy Board noted paper 17.01/EPB.15.

17/24 Update papers for noting formally by the English Pharmacy Board

The English Pharmacy Board noted papers 17.01 EPB.16 (i) – (vii) which include:-

Corporate Communications

Public Affairs

IM&T

Consultation and Policy –.

Medicines Optimisation –

Web Development

Pharmacy Public Health Forum update

The minutes of an extraordinary meeting of the PPHF were circulated as paper 17.01.EPB.16 (vii)

Helen Gordon also gave a verbal update. The Forum last met in October 2016. The minutes will be circulated in due course. Ash Soni attended a follow up meeting.

The meeting focussed on Healthy Living Pharmacies because of the introduction of the new Quality Payment for HLP introduced by NHSE. It had been proposed that the original PHE programme for accrediting and checking new HLPs (which was expected to be about 500 by the end of March) using RSPH would now be extended to the QP scheme. There was robust pushback as the governance leading to this decision was questionable. As a result the PPHF proposed, and it was agreed, that this would not happen and RSPH would only be accrediting new HLPs and would be carrying out validation checks on 15 as in the original tender.

NHSE would need to consider what system they would adopt for the QP scheme separately in discussion with PSNC rather than through PPHF. There were concerns though that only pharmacies accredited within the last two years were likely to automatically qualify for the QP and there would need to be clarification on how pharmacies accredited prior to that would be assessed as HLP compliant

Deborah Evans added that the NHSE quality payment scheme is still undecided. Self certification for HLPs is still not agreed. The future of HLPs is not clear at this stage.

Ash Soni said that if HLPs are over two years old they will be treated as new HLPs in the system.

Pharmacists may call for more information on HLPs, it was suggested they be signposted to PSNC and NHSE.

Robbie Turner will be taking over Helen Gordon's place on the Pharmacy Public Health Forum, official notification of this will be forthcoming.

Claire Anderson said she will be attending the next Healthy Living Pharmacy task group meeting on 9th February.

17/25 Key Messages

The key messages from the meeting were:-

- Reflections on the importance of the guests invited to the English Pharmacy Board meeting
- The new Director for England, Robbie Turner and his priority areas of work and asking members what they are doing on these priorities:-
 - National engagement
 - Local engagement
 - Campaigns

17/26 Any other Business

The Chair paid tribute to Helen Gordon, as this was the last meeting of the English Pharmacy Board she would be attending before she leaves the Society. The Chair thanked Helen for all of her support and effort and all that she had done for the organisation and wished her the best of luck in her next position at the Royal College of Medicine.

17/27 Close of meeting

The meeting closed at 16.25pm. The Chair thanked all members and staff for attending the meeting saying that it had been a good day with some useful debate. She added that there is a huge amount of talent within the Board and she will be meeting with Robbie Turner to discuss how to use this talent to its full potential.

17/28 Dates of next meetings (2017)

EPB working day – 4th April 2017 (at University of Nottingham)
EPB meeting – 5th April 2017 (at University of Nottingham)

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

EPB working day – 4th October 2017
EPB meeting – 5th 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.