

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

Minutes of the meeting held on 5th April 2017 at 9.00am at the University of Nottingham, School of Pharmacy, Room C29

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

John Sargeant
Harry Cotterill
Beth Walton
Robert Severn
Usha Kaushal (items 14 & 15)
David Bearman (item 16)
Robert Oakley (afternoon session only)

Notts and Derby LPF
West Yorkshire LPF
Notts and Derby LPF
Notts and Derby LPF
Lead Operations Pharmacist (NHS 111)
LPN Chair, South West England
Pharmacy Student, University of Nottingham

In Attendance

Alex Mackinnon
Catherine Duggan
Neal Patel
Heidi Wright
Chris John
Corrine Burns
John Lunny

Interim Chief Executive and Director for Scotland
Director of Professional Development and Support
Head of Corporate Communications
Practice and Policy Lead for England
Workforce Development Lead
Pharmaceutical Journal, RPS correspondent
Public Affairs manager

Yvonne Dennington

Secretary to English Pharmacy Board

17/37 Welcome and Introductions

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

The Chair bade farewell to Deborah Evans as this will be the last meeting of the English Board she will attend before she stands down from the Board in June. She

thanked Deborah for her hard work and constructive contributions to the Board. The Board and staff gave a round of applause.

17/38 Apologies

All board members were present at the meeting but apologies were received from Robbie Turner and Anne Joshua. Anne had been called away to an urgent meeting but expressed the wish to attend a future meeting.

17/39 Declaration of Interests

The English Pharmacy Board noted paper 17.04/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.

The following updates were received and will be included in the next issue:-

Martin Astbury – member of the PHP board

Sibby Buckle – Director of Cairn Place Ltd

Ash Soni - member of the Expert Advisory Community Pharmacy group for the MHRA

Aamer Safdar – member of the CPPE Hospital Pharmacy Virtual Group

17/40 Minutes of the meeting held on 26th January 2017

The minutes of the meetings held on 26th January 2017 circulated as paper 17.04/EPB.04 were agreed as an accurate record of proceedings.

17/41 Matters arising not specifically included on the Open Business Agenda

17/17 Update by Keith Farrar

The chair was asked if she had raised the issue of pharmacy referrals with the Minister. She replied that she had informally but would be following this up at a future meeting after the judicial review outcome.

17/20 Industrial Pharmacists' Forum

A number of members and staff had attended the IPF meeting at the Accenture offices where some useful discussions took place. The minutes of the meeting will be circulated. Industry involvement in pre-reg places was discussed, we will be able to tag these places through membership. Careers for industrial pharmacists aligns with the RPS roadmap – this is being progressed internally. It is important to give consideration to pre-reg places that are not HEE funded. LPFs are engaging with the IPF, this should be encouraged to continue.

It is important that someone from the Society attends the IPF meeting in May.

Action: circulate minutes of IPF meeting

Action: ensure attendance at IPF meeting in May

The position of the lead person to the IPF and industry will have to be reviewed following Deborah Evans end of tenure on the Board in June.

Action: Review lead board person for IPF and industry

17/21 Multi Disciplinary working

It was reported that the Academy of Medical Royal Colleges is holding a meeting on engagement in June and the RPS have been invited to attend. It was highlighted that the reason we do not hold membership of the AoMRC is because we are not a Medical Royal College – not because we do not have a Royal College title.

The issue of becoming members in the future was raised and whether going down the route of becoming a Royal College will then be necessary. A discussion on this was suggested for the future.

Action: Ensure follow up meeting with AoMRC when new president is in place.

17/22 Polypharmacy

Professional Development and Support will be working on this guidance in Q3 of 2017.

The report on the Polypharmacy conference held in April 2016 has been finalised by the RCGP. A decision on publication will need to be discussed.

17/22 Murray Review response

Concerns were raised that to date there has been no response to the Murray Review from NHSE. It can be assumed that there will be no response until after the outcome of the judicial review. It was suggested that the RPS should be proactive in asking about the response at the meeting with Keith Ridge in April.

Action: Chair to take an action to ask more about the Murray Review response.

It was suggested that the Murray Review response along with stakeholder mapping should form part of the agenda for the working day in June. It was also suggested that integrated working be put on the agenda.

Action: Put Murray Review Response and stakeholder mapping on June working day agenda

17/22 Clinical/Patient record

Sibby Buckle reported that there will be a meeting of the Digital Forum on 20th April where the group will be looking at the community pharmacy data set – working towards a standardised set of data with other health professionals. It was highlighted that this work builds on the work undertaken by the AoMRC some time ago.

17/22 Prescribing

Action: raise the issue of the CPOs recent comments on prescribing at the next meeting with him in April. This viewpoint needs to be challenged as it is not in line with what is happening in Scotland and Wales.

Action List – it was noted that the action list had greatly reduced. The team were thanked for their efforts in completing most of the actions.

17/42 Governance Issues

(i) Casting vote – rewording in Governance Handbook

The English Pharmacy Board discussed paper 17.04/EPB.06 (i).

The chair explained the issue within the paper.

The English Pharmacy Board agreed that there should only be one vote (not two) at stage 3.7, therefore when there are 2 candidates remaining and there is a tie in the ballot the chair will be able to use the casting vote.

Action: Amend wording in Governance Handbook accordingly and circulate to EPB before the June meeting – YD/ADouglas

(ii) **Introduction of 2 year terms of office for Assembly Members**

The English Pharmacy Board discussed paper 17.04/EPB.06 (ii).

The English Pharmacy Board agreed with proposal 2 in the paper to the process to stagger the introduction of the 2 year term of office.

Please note the paper should be amended to say the current President (if a member of the English Board) and not name the person i.e. Martin Astbury.

It was explained to members that staggering will only be necessary to introduce the change, in future years all persons will be appointed for a two year term of office (dependent on them remaining a member of the EPB).

17/43 PGEU update

The English Pharmacy Board noted paper 17.04/EPB.08.

Questions were raised about the future of RPS membership to the PGEU in the light of Brexit. Sid is currently looking at the options for membership but reminded board members that Brexit did not necessarily mean out of Europe. He said there were still a lot of opportunities and it would need to be decided how the future relationships will be managed.

Alex added that whether in or out of Brexit the RPS could be more influential. If the RPS continued to have some form of membership discussion will need to take

place on how this will be supported. The RPS could be more influential and Iceland is a good example of our influence.

Sid added that the General Assembly will be meeting in London in June. The meeting on the first day will be held at the RPS and a museum tour has been arranged for delegates.

Sandra added that this paper had gone to the Board Chairs' Forum and they were surprised at the breadth of work that goes on at the PGEU. The RPS needs to improve how it feeds into the work of the PGEU. It is a cross country function.

Membership of the PGEU should equate to value for our members.

This discussion led on to questions regarding the RPS International Strategy. Catherine Duggan referred members to the update in paper 17.04/EPB.11 (ii) on International Strategy and highlighted the countries that the RPS are currently involved with.

Concerns were raised around being proportionate about the International Strategy as much needs to be done at home. Members' perception of the international travelling that takes place is often misplaced and more consideration should be given to communicating the outputs of foreign visits. There should be absolute clarity that there is return on investment regarding the international strategy. Other members said that it is not always easy to demonstrate success but that it is important to be around the table in order to influence.

It was noted that the International Strategy was approved by the Assembly in November 2016.

17/44 Public Affairs and Policy Statements

Neal Patel informed the Board that the work of the Portland Agency is coming to a close now that the new Public Affairs Manager, John Lunny, is in place. The relationship with Portland has provided good value but at high cost. They carried out quite a lot of the operational work, contacting MPs and writing letters and arranging meetings, but they also brought an outside view to our work and knew who to contact. John is currently talking to the Director of Portland and will discuss the way forward with Robbie upon his return.

Neal welcomed John's arrival and said he is an important addition to the team bringing a wider influence and different thinking.

John Lunny introduced himself, giving the Board a resumé of his background with a public affairs agency. He said he is busy understanding the organisation and its work and will be focusing on the priority areas for the coming year/s and how that will translate into the work of public affairs and political priorities.

17/45 English Pharmacy Board Programme of Work including Campaigns

The RPS campaigns, programmes and priorities update was circulated in advance of the meeting.

Neal Patel, Heidi Wright and John Lunny gave the presentation focusing on the three priority areas for England – Local Engagement, national engagement and campaigns.

Local Engagement will be covered in more detail under item 13 of the agenda.

National Engagement – Action: Team England will be doing some pre work on stakeholder engagement/management ahead of the June working day.

Work is currently going on looking at how the RPS responds to consultations, as an organisation we probably respond to too many and more influence should be exerted before the consultation stage is reached.

Team England are currently scoping out the work of public affairs and developing metrics.

More work needs to be done on showcasing the success of the practice pharmacist campaign – reminding members of the RPS influence in this campaign which has resulted in 2000 new roles.

Showcasing the success to date of the summary care record, where 97% of pharmacists now have access, whilst recognising there is still more to be done.

The team will be collecting examples of good practice in a more structured way and looking at how this fits with the map of evidence.

Campaigns

The three new campaigns for 2017/18 will be antimicrobial resistance, mental health and diabetes.

Neal highlighted that the campaigns are getting bigger and the impact is greater. AMR is a national campaign and Scotland and Wales are also involved. It is noted that animal health should be included and the Veterinary Pharmacy Group should be involved. Members should be central to the campaigns and we need to look at what benefits the campaigns will bring to them.

The expert advisory group requested that we focus on prevention – this is a good opportunity for pharmacy.

Neal said he was planning the launch for July ahead of the national launch in November. He suggested working with schools, pharmacy teams visiting schools with simple messaging and perhaps short videos.

Heidi gave a short update on the current campaigns.

It was noted that Notts and Derby have had funding for training of 30 prescribers.

Action: Heidi Wright will follow up with Robert Severn re prescriber training.

Claire Anderson is involved in a piece of work on medicines at the end of life, this is a two year programme funded by NHSE and led by Christian Pollock.

Action: Catherine Duggan said she would log this piece of work.

Prescribing: Currently mapping the prescribing safety tool against the prescribing competency framework. Claire Andersdon is on the advisory board for SCRIPT (Standard Computerised Revalidation Instrument for prescribing and therapeutics). Pharmacy is not getting access to SCRIPT therefore need to lobby for this. SCRIPT is being piloted across Schools of Pharmacy and Medical Schools. Regarding supervision of prescribers – GPhC have consulted on this which will form part of a wider consultation – it is hoped this will result in change.

Rebalancing: Two meetings are scheduled for 20th and 27th April.

Decriminalisation legislation is before Parliament, news is expected shortly.

Work continues on Supervision.

Community Pharmacy Reforms: A response to the Murray Review by NHSE is awaited.

Long Term Conditions: A workshop with National Voices will take place at the RPS on 26th April, looking at the patient's perspective on pharmacy management of long term conditions. A delegate list is currently being developed. These workshops have proved very useful in the past. The other pharmacy bodies are also involved.

STPs – the RPS letter has now gone out to all STPs. A follow up letter may be sent in due course.

Concerns were raised by a visiting member on whether discussion had been held with pharmacy chains regarding the expanding roles of pharmacists, as there is tension in the system regarding time constraints in delivering these services. The Chair advised that regular meetings were held with the Superintendents of large and smaller pharmacy chains so they are aware of forthcoming campaigns and associated issues.

Hospital Reforms: The hospital standards are being reviewed incorporating the Carter Review and the model hospital. The standards are now used by 93% of all hospital trusts.

A review of the Safe and Secure handling of medicines (Duthie) is underway – the aim is that other Royal Colleges will endorse this report.

Chief Pharmacists – new legislation will mean there is more responsibility associated with this role. Work has been commissioned by HEE through CPPE to develop a Chief Pharmacist Development Programme. The draft will be further refined as an RPS Ultimate Guide relevant across GB. There will be a parallel documents for Superintendents.

Concerns were raised that many chief pharmacists are not RPS members. It was further discussed that the roles of a Chief Pharmacist and Superintendent have many similarities and would therefore benefit from a course/development day where both sectors attend.

Action: Catherine Duggan to note this suggestion

Workforce Summit: the report has now been written.

Action: Circulate report to the Board

Industry guidance: the guidance has now been launched. NHS guidance has been influenced by RPS guidance. Developing this guidance was an iterative process working closely with the ABPI. Our thinking informed theirs and vice versa.

Clinical Services Accreditation Alliance (CSAA): this is a programme led by colleges, professional bodies, regulators, commissioners and patients to standardise and improve the quality of healthcare service accreditations. It is important for the RPS to influence this work to ensure medicines are considered throughout.

Ongoing campaigns

Care Homes: The PhIF funding will sit alongside the funding for the spread of the Enhanced Health in Care Homes vanguard model. STPs can bid for funding to spread the EHCH model in their area, alongside this the PhIF will support the delivery of the medicines review element of the EHCH framework. Currently lots of discussion ongoing around the service specification. It is noted that vanguards have limited exposure to pharmacy. PhIF are appointing 4 pharmacists for 4 regional posts – one will have the responsibility for care homes. The Minister has indicated that he would like to visit a care home

Pharmacists in GP surgeries: Phase II roll out is current – there will be a phase III. University of Nottingham is undertaking the evaluation of Phase I with limited funding of £50 000, they are currently bidding for other funds.

Access to Patient Health Record (PHR): 97% of pharmacists now have access to the summary care record but usage is still quite low. CPPE training has been updated and there is a positive take up. Concerns were raised regarding additional fields for input – Heidi Wright advised that she sits on the SCR advisory board and they are currently doing some work on this.

Urgent and Emergency Care: continue to be involved on various groups to move this forward.

Health Literacy: RPS is currently bidding for funding to do a scoping exercise for national training.

Action: Claire Anderson to circulate link to the Australian work on health literacy

Action: HW to make contact with Nicola Gray

Business Plan

The English Pharmacy Board noted paper 17.04.EPB.10 (i) – Business Plan. Updates will be given at future meetings which will be linked to budgets and metrics.

Board member attendance at meetings

The English Pharmacy Board agreed paper 17.04.EPB.10 (ii)

17/46 Updates from Professional Development and Support Directorate

The English Pharmacy Board noted papers 17.04.EPB.11 (i) (circulated) and 17.04.EPB.11 (ii) (circulated on 4/4/17).

Chief Scientist: It was noted that Professor Jayne Lawrence left the organisation on 31st March. It was also noted that Colin Cable is currently absent. Jayne Lawrence is still willing to assist with media enquiries for the time being, but we do need to plan for a successor.

Action: The Chair to send a message thanking Jayne for her service

Action: The Chair to send a message to Colin Cable

Professional Development and Support directorate is currently undergoing a restructure in order to deliver its strategy.

Catherine Duggan updated the Board on the international strategy as per section 6 of report (ii).

FIP Global Observatory – **Action:** reports from last year will be recirculated.

Catherine Duggan said there will be a yearly plan for each of the nations on the international strategy and these will be reported against quarterly.

Alex added that Iceland was inspiring and it will be good if the Pharmaceutical Journal could cover this.

17/47 Updates from Team England

The English Pharmacy Board noted the reports contained in paper 17.04/EPB.12 (i) – (vi)

Medinines Optimisation: Two meetings have been held on Right Care/Medicines Optimisations to CCGs in London and Manchester and attended by Heidi Wright

and Liz Butterfield. Heidi reported that the meeting generated a lot of interest and Muir Gray had delivered a session on population health.

There appears to be a general lack of understanding about the Right Care programme.

Action: Matthew Cripps of Right Care is happy to deliver a session at the RPS. Conference – Alice Fairchild

The launch of the polypharmacy metrics will be out within the next couple of months and is linked to impact 2 and is a metric that is being picked up by AHSNs.

Web Development: **Action:** please forward feedback (positive and negative) to nick.david@rpharms.com

17/48 Update on working with Urgent and Emergency Care - Usha Kaushal

The Chair introduced Usha and thanked her for attending.

Usha said she would be speaking about the *The Role of the Pharmacist in Urgent & Emergency Care at NHS 111 YAS*.

The points covered were the:-

- Role of the pharmacist
- Overview – type of calls and total of calls
- Overall demand
- Pharmacist activity
- Findings and emerging learnings

The aim of the programme is to relieve pressure and cost on GP out of hours service. Cost comparisons illustrated that it is much cheaper for a pharmacist rather than other clinicians to handle the calls where appropriate, and Pharmacists are able to quickly manage repeat prescription request referrals as well as provide self-care advice to patients/callers for common minor illnesses. Pharmacists also created fewer onward referrals. Specialist knowledge enables pharmacists to manage complex medicine enquiries.

Usha reported that there are some concerns that this is a role only for hospital pharmacists and most of the applicants are from hospital pharmacy. A national job description is being produced. It is highlighted that community pharmacy refers people on as routine in the normal day job. It appears there is a reluctance amongst community pharmacists to take up these roles.

Current pharmacists working within these roles are doing so on zero hours contracts, there is a high attrition rate. Other issues are about new pathways and pharmacists not having had the training for these pathways. Indemnity insurance also needs resolving.

Other issues affecting this role is the use of NHS mail, read and write access to the patient record and the enhanced patient record.

The Yorkshire Ambulance Service is currently trialling home working.

The Board acknowledged that we need to support every NHS 111 to have a pharmacist, the evidence shows that it is a cost effective measure. More should be done to involve local community pharmacists, the pharmacist does not need to be in the call centre. There is scope to be more ambitious with referrals.

17/49 Update on Urgent and Emergency Care/Pharmacy Integration Fund/Care Homes – Anne Joshua

Anne Joshua sent apologies, unfortunately she had been called away to an urgent meeting. However she gave Usha Kaushal a few notes to share with the English Pharmacy Board.

- National Urgent Medicines Supply Advanced Service – pilot running from November 16 – March 18
- 6 CCG areas providing NUMSAS service
- National portal for NHS mail available April 17
- 9 NUMSAS workshops completed – toolkit being produced
- Integration leads being appointed to support mobilisation
- Integrated Urgent Care programme includes pharmacists working in NHS 111 and Urgent and Emergency care – working in multi disciplinary teams

The Chair thanked Usha for delivering the messages and said we need to know more about the Pharmacy Integration Fund and will be inviting Anne Joshua to a future meeting.

Action: Invite Anne Joshua to a future EPB meeting.

17/50 Local Engagement

The English Pharmacy Board noted and discussed paper 17.04/EPB.13.

Chris John introduced the paper which focused on models of local engagement to be trialled throughout the coming year.

Webinars were held in January, February and March looking at models of engagement to provide an operational framework. Team England are currently recruiting a Local Engagement lead and it is hoped the person will be in post for quarter 2. No further webinars are planned as a “redundancy of ideas” situation has been reached, it is now time to trial the model.

The models have been tested on the reference group. Task and finish group members have also been involved and there has been no resistance to the models outlined in the paper. The implementation phase is soon to start to trial the models of engagement. It is important that we get the technology right. The models can

be adapted as explained in the paper. Consistency is essential across the LPFs and this will be tested through 2017.

Relationship building was discussed and it was suggested that Board members could do more in this area – reaching out to local leaders in the LPFs.

More assistance will be required to help members with digital technology. Neal Patel said that his team will be able to help with this.

The Task and Finish group has now come to an end and Chris John's involvement is also coming to an end. It is critical now to get on with implementation, followed by constructive feedback after the pilot period. Catherine Duggan made the point of changing terminology to "1st wave" rather than pilot.

It was suggested that a letter of thanks be sent to the Task and Finish group for getting the project to this stage.

Action: thank Task and Finish Group

LPF boundaries will remain as they are at present.

The English Pharmacy Board adopted the models as per paper 17.04/EPB.13

The Chair thanked Deborah Evans and Chris John for the work they have done in getting Local Engagement to this point.

17/51 Integrated Care – South West England – David Bearman

The Chair welcomed David Bearman to the meeting saying the Board were very interested to hear more about the work that is going on in the South West of England and its potential.

David thanked the Board for the invite and said his presentation was making the case for change, and a lot of work has been done focusing on the workforce. He said it is obvious that the current situation with GPs is untenable.

There is an issue in the South West with a lack of pre-reg students which is out of sync with the rest of the country. Claire Anderson, declaring an interest, suggested the University of Nottingham fills some of this shortage by sending some of the University's five year course students and also by advertising the opportunities.

A number of problems is driving change such as closures of rural practices, no contractual alignment, volume issue, domino effect of practices closing, supply and demand being out of kilter.

New models of care and primary care home models are drivers for change and are good models for pharmacy. The primary care home focuses on populations of between 30,000 and 50,000 people, looking at personalisation of care, improving

health and wellbeing, aligning financial drivers and doing things together with shared budgets. The current system is not sustainable and will need to change.

South West England are working with a number of organisations to make change happen such as NHSE/NHSIC/Pharma/AHSNs/CRN/RPS/CEPN/HESW/Bath University.

Action: David Bearman offered to share details of results

Long Term Conditions – principle is to maximise benefits – looking at how to take costs out jointly with GPs. Intent is to get independent prescribers to make changes and to undertake effective MURs.

Care Homes – GPs are supportive of having pharmacists working with care homes – this will have a positive impact on GP workload.

Pharmacy/Medical Model – conceptual – issue will be getting a contract agreed with NHS. Disincentivise volume and incentivise outcomes. There are potentially 3 funding streams. An outcome framework needs to be developed along with a KPI framework will include:- population health/access continuity/empowering people and communities/systems and staff. Needs to evolve as a partnership model. Workforce in the South West is an issue with a shortfall of 100 pharmacists.

David Bearman challenged the RPS on what they were doing to make change happen, he saw it as a pivotal role for the RPS. He asked how the RPS was influencing at a national level and whether they are supporting leaders at a local level.

The Chair said it was good to visit the university to understand how young pharmacists are being educated and raised the importance of having exciting and challenging jobs for future young pharmacists. She also referred to the consultation the RPS had with NAPC on primary care homes some time ago and how at the time it had not been well received, but the RPS may have done this ahead of time. Population health is a difficult concept to understand locally and more needs to be done to understand this better. As an organisation the RPS needs to get better at letting members know more about what we do and the resources we have and currently work is going on to make this happen. The Chair agreed that David's challenges were valid and that more needed to be done. She added that his presentation gives an evidence base on which to build.

Catherine Duggan thanked David Bearman for working with us and using the RPS road map and embedding it into his work.

The Chair thanked David for his informative presentation.

Action: David Bearman to share his presentation

17/52 Key Messages

The key messages from the meeting were:-

- Pharmacy 24 – work with the University of Nottingham showcasing the work being undertaken
- Leadership challenge
- Challenge the profession – using clinical skills of pharmacist more – need to demonstrate what we are doing
- Signposting to the fantastic work that is going on
- Pharmacy Integration Fund

17/53 Any other Business

There was no any other business to report.

17/54 Close of meeting

The meeting closed at 16.10pm.

17/55 Dates of next meetings

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.