

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

Minutes of the meeting held at 9.00am on 5th October 2017 in the Events Space, 4th Floor, at the Royal Pharmaceutical Society, 66 East Smithfield, London E1W 1AW

Present

Sandra Gidley (Chair)
Clair Anderson
Catherine Armstrong
Nadia Bukhari
David Carter
Mahendra Patel
Ash Soni

Sibby Buckle (Vice Chair)
Martin Astbury
David Branford
Elizabeth Butterfield
Sultan "Sid" Dajani
Aamer Safdar
Tracey Thornley

Guests

Sue Kilby (from 10.40)
Stephen Messham
Christopher Bonsell
Fatema Mamdani
Ian Simpson (from 9.20)
Maurice Hickey
Malcolm Harrison

Acting Chair, Industrial Pharmacists' Forum
President, BPSA
West Yorkshire LPF
North London West LPF, pre-reg lead
Thames Valley LPF
Consultant, RPS Scotland (agenda item 14 only)
NHS Innovation Accelerator Fellow (agenda item 13 only)
Director of NHS Services, PSNC (agenda item 13 only)

Alastair Buxton

In Attendance

Paul Bennett (from 9.20)
Robbie Turner
Catherine Duggan
Ruth Wakeman

Neal Patel
Melissa Dear (agenda item 16 only)

Chief Executive
Director for England
Director of Professional Development and Support
Associate Director of Professional Development and Support
Head of Corporate Communications
Campaigns and Corporate Communications Manager

Heidi Wright
John Lunny
Gareth Kitson
Corrine Burns
Phoebe Robertson (agenda item 13 only)
Yvonne Dennington

Practice and Policy Lead for England
Public Affairs manager
Professional Development and Engagement Lead
Pharmaceutical Journal, RPS correspondent
Senior Marketing Executive
Secretary to English Pharmacy Board

17/103 Welcome and Introductions

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

17/104 Apologies

No apologies were received.

17/105 Declaration of Interests

The English Pharmacy Board noted paper 17.10/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. Updates were received in confidential business and these have been noted.

17/106 Minutes of the meeting held on 21st and 22nd June 2017

The minutes of the meetings held on 21st and 22nd June 2017 circulated as papers 17.10/EPB.04 (a) and (b) were agreed as an accurate record of proceedings, with the exception of the following:-

21st June: Item 17/59 – the item should now read:- “The two nominees ...03. Neither Mahendra nor Sibby had any further interests to declare”.

17/107 Matters arising not specifically included on the Open Business Agenda

17/79 PGEU – this item to be closed.

17/86 BPSA - The response has now been finalised – awaiting one signature before sending.

16/113 – Invite Sarah Billington to January 18 meeting if appropriate to do so if subject matter is suitable.

17/78 (17/41) – The lack of a response to the Murray Review has been raised at every opportunity but to date there seems to be no impetus for NHSE to respond. Have raised the issue of taking MURs forward with the Chief Pharmaceutical Officer and the Minister. The RPS will continue to work with all aspects of the Murray Review.

17/88 – RPS position on EU Pharmacists post Brexit – Sultan “Sid” Dajani questioned why this is separate from the work of the PGEU. Robbie Turner replied that the RPS should have their own view on this and that it may not align with the view of the PGEU due to the complexities that surround this issue, and also PGEU is not the route into Westminster. Sid argued that these were two different issues and that PGEU should be used as the vehicle to reach a consensus even if views differed.

The Chair welcomed Paul Bennett and Ian Simpson to the meeting and asked them to introduce themselves. Both apologised for being a little late to the meeting.

17/108 Governance Handbook 2017 – 2018

The English Pharmacy Board noted the Governance Handbook for 2017 – 2018 (viewed on line) which had been approved by the Assembly at their meeting in July 2017.

17/109 Ratification of Public Affairs and Policy Statements

The English Pharmacy Board ratified paper 17.10/EPB.07 (a) and **noted** papers 17/10/EPB.08(b), and (c).

(a) Antimicrobial Stewardship Policy

All agreed the policy was readable and diverse, mentioning other sectors such as industry. Over the next few months the AMS portal will be launched along with the toolkit for LPFs. We are currently working with other stakeholders on supportive statements. Currently working across the professions with this campaign and Clare Thompson will be speaking on this topic at a conference in November.

Tracey Thornley reported that there had been a positive discussion on the AMS campaign at the Regional Medicines Optimisation Committee meeting.

Martin Astbury reported that he sits on ESPAUR and much of the data around AMS is discussed (reports are available) – at this meeting it has been discussed that pharmacy is seen as part of the solution. He reported that a small scale survey was conducted around the knowledge of the pharmacy team about AMR – it was evident that there is room for improvement, but all professions are reporting similarly on the AMR knowledge of their teams. Currently we have more tools for pharmacy than many other professions have for their teams.

Stephen Messham asked how the BPSA could help getting the message out to the grass roots pharmacists.

(b) News services and technologies position statement - **Noted**

(c) STP Letter II draft - **Noted**. There was some discussion around the language used in the STP letter and how the words should be framed in the language of the moment with a strong emphasis on the patient. Robbie Turner noted this important point. He said that the first letter was well received and we will continue to lobby at a national level and translate that for STPs.

17/110 Updates from Team England

The English Pharmacy Board noted the update papers 17.10/EPB.08 (i) – (ix).
HEE

Robbie Turner said that HEE have now appointed 4 pharmacy deans. The RPS is yet to be informed of the name of the pharmacy dean with whom it will have a relationship with – this will be forthcoming. As part of the stakeholder management plan there will be a structured relationship with HEE.

Public Affairs

The English Pharmacy Board noted paper 17.10/EPB.08 (ii).

A brief verbal update was given on the Party Political Conferences.

Liberal Democrats conference

Sandra Gidley attended this conference. There had been a lot of pharmacy activity on one day of the conference. The NPA had a high profile at all 3 conferences. They undertook cardiac and health checks, focusing on pharmacy services. There was a NPA fringe event which was well attended. On the whole there was not much health content in the conference itself and RCGP did not attend.

Labour conference

John Lunny and Sandra Gidley attended this conference.

The networking opportunities were useful. The RCGP and BMA were in attendance. The conference was buoyant with much talk of a takeover of government after “having won the election” in their opinion. The RCGP fringe event was useful focusing on the interface between primary and secondary care. The NPA fringe had a focus on campaigning and cuts. The NPA dinner was cancelled. National Voices were present with a focus on patient centred care, and covered the benefits of community pharmacy.

Conservative Conference

Sibby Buckle attended this conference. This conference had a lot of health content. RCGP, BMA and Nurses were in attendance. NPA had a good presence at this conference with a good position for their stand for health checks. Sibby made many contacts and will be followed up. Pharmacogenomics was topical. The three benefits of pharmacy were discussed – clinical/financial/social. Attended a BMA fringe event “Mind the gap – interface between primary and secondary care” – data sharing is vital to bridging this gap – pharmacy is pushing at an open door. Sibby had conversations with MPs asking for support on sharing patient records. Overall she felt the conference was flat and there are challenges ahead for the Conservative government – but there are lots of opportunities for pharmacy.

Martin Astbury reported that ESPAUR was calling for a diagnosis code to be part of prescriptions and is writing to the Government to request this.

Action: Martin suggested that the EPB may wish to support this initiative.

There was some discussion about the lack of RPS presence at the conferences and how other bodies may be seen by MPs to be leading on pharmacy. The president of the BPSA also said that members would expect more of a RPS presence at conferences. The Chair clarified that there was some discussion to be had on how to spend the public affairs budget – there may be more to be gained with following up with MPs after the conference as conference time was manic for

MPs. Also at the planning stages for this conference season there was not a full PA team in place at the RPS.

Action: discuss at the EPB January meeting having a higher profile at party political conferences – a paper with considered options to be prepared for discussion.

Paul Bennett added that careful consideration was necessary when allocating the budget, this must be done intelligently, assessing where most impact may be gained. He felt unnecessary amounts of money are spent by organisations on these conferences when there may be more to be gained by taking a personal approach. He also responded to the challenge about the Executive team and clarified that it is now made up of a majority of pharmacists, and that budgets were built from the bottom up with recommendations presented to the Assembly for final approval.

Policy and Consultations

The English Pharmacy Board noted paper 17.10/EPB.08 (iii).

Digital (IM&T)

The English Pharmacy Board noted paper 17.10/EPB.08 (iv).

Medicines Optimisation

The English Pharmacy Board noted paper 17.10/EPB.08 (v).

Pharmacy Public Health Forum

Robbie Turner gave a verbal update saying he attended a meeting on 3rd October 2017. The RPS will be leading on two pieces of work:-

- a) Following up on the work done by Pharmacy Voice on blood pressure - 12 recommendations from the report and working on how these translate to pharmacy.
- b) Public Health standards – implementation – desire for some translation through case studies to encourage uptake.

Ash also attended this meeting and said that funding for this work was requested as this cannot be done without any money.

There was no mention of tying this work in with NICE guidelines.

Innovators' Forum

The English Pharmacy Board noted paper 17.10/EPB.08 (vii).

PGEU

Please note: This item was moved to confidential business (item 17/100).

FMD

The English Pharmacy Board noted paper 17.10/EPB.08 (ix).

Sue Kilby, acting Chair of the Industrial Pharmacists' forum, said that FMD will have implications much wider than community pharmacy, it will also affect hospital and industry. She added for information that MHRA had released a summary sheet from the meeting.

17/111 Update from Professional Development and Support

Catherine Duggan gave a short verbal update as the report from her team is not due for publication for another few days. Paper 17.10/EPB/09 will be circulated to board members when available.

Research winter summit - 90 abstracts have been received and are currently being reviewed. The new Research and Science board will be launched at this summit. The appointment of Clare Thompson as deputy Chief Scientist is welcome. Clare will be developing a road map for pharmaceutical scientists aligning with the PDS roadmap.

Workforce Development – currently working on career frameworks – opportunity for students in industry. Working with BPSA to ensure that student pathways are recognised.

It was noted that there has been a 26% reduction this year in UCAS applications from pharmacy students – more needs to be done to promote the profession. Catherine added that all pharmacy academic staff should be members of the RPS, she said evidence on this has been shared with GPhC.

Discussion continued around this issue and the understanding of this as listed below:-

- Prospects for pharmacists are less attractive
- Uncertainty in community sector
- Reduction in all entries to universities
- More places for medicine
- In the past we have described oversupply of pharmacists which has affected the choices of students

Martin Astbury commented that in his opinion over supply was a problem as it had driven down the salaries and locum rates of pharmacists. The Chair added that it is difficult to articulate the different views and perspectives in a balanced way but felt that the new opportunities for pharmacists have not yet been realised.

Foundation and Faculty - Great interest internationally – will be updating Assembly on this.

There are 1600 foundation pharmacists ready to go through assessment. Meeting with large employers to support this programme in the workplace.

Support and Guidance – In Q3 there were over 30 000 downloads. The top 3 were MEP/POM to P resources/quick reference guide on oral contraceptives. Highlights on new publications are MEP/Responsible pharmacist hub/preparing the profession for revalidation – new CPD/Review page/Valproate issue/safe and secure handling of medicines/hospital standards consultations/ultimate guide on prescribing/chief pharmacists' handbook. In Q3 – work on polypharmacy – this has generated much interest. The support team have also reviewed 73 consultations. Aamer Safdar added that the report on the pre foundation programme with Boots will be released soon.

17/112 Update on Local Engagement

The English Pharmacy Board noted and discussed papers 17.10/EPB.10 (a) and (b).

Robbie Turner said it was fantastic to now have Gareth Kitson as part of the team and that we had now moved from a phase of listening to listening and action.

Gareth said he had been in post 8 weeks and welcomed the LPF representation at the EPB meeting, which demonstrates engagement and working together.

Gareth highlighted some of the points in the paper - he said that going forwards local engagement is greater than LPFs and it is hoped to involve LPFs in lobbying and standards for education and training.

Gareth went on to introduce paper (b) on how the EPB can help support local engagement across England – he said he hoped there will be more visual support from EPB members going forwards. Robbie said that although this approach had been tried before he would like to give it another go – LPFs want to hear from board members. Paul Bennett added that he would like to see the Executive Team also align with this geographical proposal to attend LPF meetings. A visible presence from the RPS is important. Board members will be given assistance regarding the appropriate people to contact in their designated areas. Discussion followed around payment of an attendance allowance to attend such meetings, and in line with new expense policy procedures prior authorisation will be necessary. Gareth said that some meetings could be conducted virtually.

Discussion followed around conducting research into using a digital approach more effectively. The Chair said this would be a big piece of work and should feed into business planning.

Discussion continued around individual LPFs and their success and demise over the past few years and how a new approach will be welcomed.

17/113 English Pharmacy Board Programme of Work including Campaigns

The English Pharmacy Board noted papers 17.10/EPB.11 (a) and (b).

Heidi Wright gave a short presentation on the progress of the work of Team England, assisted by John Lunny.

National Engagement: - there will be a Chief Pharmaceutical Officers' conference in March – **Action:** a fuller paper on this event will be available at the January meeting of the EPB.

The team will be looking at ways of showcasing the success of campaigns. Case studies from campaigns will eventually be linked to the map of evidence. AMS campaign – there was a successful handwashing campaign which will be followed by the launch of the AMS portal in November, and a quick reference guide. This campaign aligns with FIP policy – it links well internationally as it is a worldwide problem.

The Chair highlighted that much of the work and lobbying we do is the forerunner for other organisations consulting on the same issues. Catherine Duggan added that the GPhC value advanced notice of the work we are doing.

Liz Butterfield questioned if there is some leadership work to be done with the “Walk in my Shoes” report which is on the PSNC website.

Action: Robbie suggested this could be used for a LPF toolkit next year.

Discussion continued around removing the sector of practice as a prefix to a pharmacist – the Chair reiterated that some time ago it had been decided that we should refer to pharmacists as “pharmacists working in (sector) rather than (sector) pharmacy.

The pharmacy integration fund will be supporting pharmacists in care homes.

Discussion continued around the linkages with community pharmacy and the new pharmacy roles that are being introduced such as pharmacists working with GPs, as it would appear these pharmacists are not referring on to community pharmacy and making use of the services they have to offer. This should be questioned in the evaluation of these roles.

Lobbying for the patient record continues – working closely with the Professional Records Standards Committee in hosting a working group in November looking at the digital capacity in the workforce.

Mental Health campaign – a draft brief has been developed – the team are currently looking at how to take this forward – a cross directorate meeting will be held in November to discuss this.

17/114 Community Pharmacy Future: Patient Care Plans

The Chair welcomed Malcolm Harrison and Alastair Buxton to the meeting.

Tracey Thornley declared an interest at the beginning of this session as she has been heavily involved in this work.

Malcolm thanked the board for inviting him to the meeting. He said there were massive changes ahead for the NHS and community pharmacy, including £30 billion finance gap, looking at best value of medicines, huge role for pharmacists in the management of long term conditions, community pharmacy forward view and empowering patients, funding of the community pharmacy contract framework, the Murray review and increasing demands of a growing population.

The community pharmacy future work was undertaken by Boots, Lloyds, Rowlands and Well along with other organisations such as CPPE, DH, CPWY, PV, PSNC invited to produce evidence.

The achievements so far include:

- Four pharmacy led services, designed, delivered and evaluated
- Five peer reviewed papers published
- 1,900 patients supported
- 120 pharmacies engaged to deliver services
- Won 2 national awards
- Over £450m of potential cost savings for NHS

Malcolm went on to explain how this had been achieved. The outcome being that a community pharmacy based service has been developed for patients with multiple long term conditions, that both improves patient outcomes and is cost effective for the NHS. It is hoped that this work and evidence will support community pharmacies across the UK to provide integrated solutions for the emerging healthcare systems and that it will be integrated into the population health services.

Alastair Buxton said his focus was trying to progress the community pharmacy forward view. He said he was working on developing a care plan service to go into a local contract or to be locally commissioned, taking a person centred approach using patient activation measures. This will need radical changes to the funding model perhaps taking a “capitation” type approach. He said from the viewpoint of PSNC they would like to see this at a national level, but at a local level it could fit into the primary care home. He welcomed the evidence base that the Community Pharmacy Future work had provided for patients with long term conditions. Accessibility to the GP record will take this work to the next level. Alastair welcomed the thoughts of the EPB on this.

Some of the questions raised were:

- Implementation – how can we do this – past national initiatives such as minor ailments scheme did not get off the ground
- Extra workload, how will this work with little or no funding

Alastair responded by saying that there had been a major change in the delivery of minor ailment services – CCGs had already adopted that OTCs should not be covered by the NHS. Regarding making this new initiative work he agreed that the right funding approach needs to be agreed and the length of time of treatment could be modified from 28 days to 56 days if the patient agrees – and stream patients to create extra capacity. Malcolm added that there is always a resistance to take more on but there is always a way to do it. Building relationships is also important – there will be a principal role for LPCs and LPNs to take this forward at a local level.

Ash Soni welcomed the recognition of population health in this work and said that the Regional Medicines Optimisation Committees may be a route to use to implement this initiative across the system, this is now an opportune time.

Paul Bennett said that this work had produced strong evidence, but was keen to know who would advocate for implementation at NHS England. Bruce Warner the Deputy CPO was on the group for this work, but Alastair said it would be good to get Ian Dodge on board. Joanne Shaw would also advocate for this. It is assumed that NHSE does not want to invest in national services, and advocates local. A national pharmacy leader to work with the BMA and RCGP will also be important.

There was some discussion around duplication of effort. Malcolm said that currently primary care is predicated on the GP being at the centre – this system will take primary care out of the centre and spread the work.

Sandra thanked Malcolm and Alastair for attending and said she saw the EPB role as joining up with RCGP and other organisations to move this forward.

17/115 Cannabis: Policy and Strategy

The English Pharmacy Board noted paper 17.10/EPB.14

The Chair welcome Maurice Hickey to the meeting.

Maurice thanked the EPB for the invite and corrected his title on the agenda, at present he is working for the Society in Scotland on this piece of work and is not a member of the Scottish Board.

Maurice explained that he had done a lot of research into this issue and that this issue had been considered by the RPS on and off for the last 22 years. The Pharmaceutical Scientists' Expert Advisory group are lobbying to get cannabis rescheduled to schedule 2. A member survey also showed that 89% of those surveyed were in favour of changing to schedule 2. If the RPS Boards agree to the policy recommendation then the next step will be for the EAP to approach the ACMD to canvass support for change, and the RPS will need to lead on this issue and lobby stakeholders for change.

The English Pharmacy Board agreed the following Policy Recommendation for 2017

“The Royal Pharmaceutical Society recommends to the UK government that cannabis should therefore be moved from Schedule 1 to Schedule 2 of the Misuse of Drugs Regulations 2001. This change will enable scientific research and clinical trials to proceed unimpeded within a UK context.”

17/116 Review of election process

The English Pharmacy Board noted and discussed paper 17.10/EPB.12.

Robbie Turner introduced this item saying that he had taken an action to look into the election process at the last board meeting. It was also established that Scotland had similar concerns. Alison Douglas, assisted by Yvonne Dennington, looked into this issue and produced a paper for this meeting giving some recommendations for future elections to smooth the process.

Advice was taken from the scrutineers about the postal voting, and their advice is that the voting period cannot be shortened beyond three weeks. Their advice was to reduce the election process. Currently around 10% of the votes received are by post.

There was some discussion around the way hustings are conducted and it was suggested that guidance be issued on the running of hustings, albeit we are not able control the way other organisations conduct their hustings, but some guidance may help. It was also suggested that consideration be given to the timing of the RPS hustings.

There was a suggestion that prospective candidates be asked to agree, on their nomination form, to share their contact details for a time limited period. If implemented this will need to be worded carefully and checked with the legal department in view of new data protection legislation due out next year.

Board members asked if it was possible to get more information on the demographics of voters. Limited information is collected and it would not be good practice to share this with board members as it may be seen to give an unfair advantage to board members against other candidates for future elections.

Recommendation 1:

There were mixed views on whether to reduce the number of nominators. The Chair decided to take a vote on this:

For reducing to 5	– 6 board members
Against reducing to 5 (remaining with 10)	– 7 board members
1 abstention	

Therefore the EPB agreed to remain with 10 nominators..

Recommendation 2 – not applicable as agreed to Rec 5 with caveats

Recommendation 3 - not applicable as agreed to Rec 5 with caveats

Recommendation 4 - Yes agree with this change

Recommendation 5 – Agreed but with predefined fields. Consider new guidance from NHSE soon to be published on declarations of interest to ensure we are given the correct information.

Recommendation 6 – Yes agreed.

Paul Bennett said it will be for the Country Directors to take this work forward.

Action: Recirculate the results of the 2017 election.

Action: Feedback to Alison Douglas on the outcome of this item

17/117 Stakeholder Mapping

The English Pharmacy Board noted paper (slides) 17.10/EPB.15.

John Lunny gave a short presentation on stakeholder mapping highlighting the main points in his presentation and asking if the EPB found this framework useful. The EPB were pleased with the way forward for engaging with stakeholders, and asked for a briefing sheet on facts and figures to support the messaging. David Branford also offered to help John with an alternative set of statements. Tracey Thornley made a point saying as a core principle we should talk about the value to the NHS not just about cost savings – all about the language used.

Action: produce facts and figures briefing

Action: PDS to produce additional resource on pharmacy information

Action: John Lunny to follow up with Dave Branford

17/118 Business Planning

The English Pharmacy Board noted papers 17.10/EPB.16 (a) and (b) .

Paul Bennett gave some background to the business planning session. He said the RPS had an agreed strategy for 2016 – 2021. Underpinning this there were 6 objectives, worked on by the Executive Team, for 2018, namely:-

1. Membership engagement
2. Brand (vehicle to make change happen)
3. Revalidation – supporting pharmacists through their career stages
4. Influence and campaigns
5. Enablers – technology agenda
6. Our people – become an employer of choice

These objectives have underpinning statements.

Robbie said that for 2018 he will be concentrating in the same 3 areas as for 2017, namely:-

- National work
- Local engagement – wider than LPFs
- Campaign work

Robbie then divided the board members, staff and guests into these 3 groups facilitated by John Lunny, Heidi Wright and Gareth Kitson and held a “world café” type of event. The outputs from these sessions will be captured and discussed with the Chair and Vice Chair and will form the basis of a business plan for the EPB for 2018, aligning with the corporate objectives previously discussed.

17/119 Key Messages

The key messages from the meeting were:-

- Calling for transparency from the Rebalancing Board and reiterating our policy on supervision (from confidential business)
- AMS campaign
- Mental Health campaign – welcoming and building on the work of CPPE

17/120 Any other Business

1. Highlighting comments in the PJ that may need a response
After some discussion about whether comments on articles in the PJ are responded to it was decided that Board members should highlight issues to the team that they feel warrant a response.

2. Regional Medicines Optimisation Committees
Ash Soni and Tracey Thornley are members of these committees. It was suggested that a regular update be given at board meetings on these committees – it could form part of the Medicines Optimisation update paper – **Action:** these will be included as part of the Team England updates.

RPS need to pursue a role to lead medicines optimisation agenda as part of RMOC – Keith Ridge says that the medicines optimisation group is operational. There is a prioritisation panel for the RMoCs – there is no role for Royal Colleges on this panel.

3. Clinical Fellows
Clinical fellows are in their 3rd year and there are currently 9 of them. It was suggested that this would be a good time for the RPS to consider funding one of these positions for next year. The Chair said this had been considered before but that the time was not right then with internal redundancies. Gareth Kitson said having been a Darzi Fellow last year it is important to have a focused project for a fellow to work on.

Paul Bennett said that in principle he supported this but it must be clear that if the RPS is funding the position then the fellow must be considered an RPS resource.

Action: it was agreed to consider this as part of the Executive Budget planning meeting on 6th October and put forward a proposal to the Assembly.

17/121 Close of meeting

The meeting closed at 16.10pm.

17/122 Dates of next meetings

Dates for 2018

EPB working day – 31st January 2018

EPB meeting – 1st February 2018

EPB working day – 11th April 2018

EPB meeting – 12th April 2018

EPB working and induction day – 20th June 2018

AGM – 20th June 2018

EPB meeting – 21st June 2018

EPB working day – 3rd October 2018

EPB meeting – 4th October 2018

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.