

SCOTTISH PHARMACY BOARD MEETING

Minutes of the meeting held on Wednesday 17 June 2015 at Holyrood Park House, 106 Holyrood Road, Edinburgh EH8 8AS.

PUBLIC BUSINESS

Present

Mr E Black (EB)	Dr A Power (AP)
Dr A Boyter (ACB)	Mrs A Smith (AS)
Mr J Burton (JB) (Vice-Chair)	Mr D Thomson (DT)
Dr J McAnaw (JMcA) (Chair)	Miss E Thomson (ET)
Mrs K Munro (KM)	

Ex-officio

Mr Ashok Soni (ASo), RPS President.

In attendance

Alex MacKinnon (AMaCK), Director for Scotland, Aileen Bryson (ABr), Scottish Practice & Policy Lead, Annamarie McGregor (AMcG), Professional Support Pharmacist (from 13:30), Susanne Cameron-Nielsen (SCN), Head of External Relations, Carolyn Rattray (CR), Business Manager, Beth Robertson (BR), PA / PR Intern.

15/46. Welcome and Apologies

The Chairman welcomed Board Members (BMs) and staff to the meeting, advising that Gail Caldwell (Chair of the Directors of Pharmacy (DoPs) Group), together with fellow DoPs, Chris Nicholson (Orkney & Shetland), Scott Mitchell (Golden Jubilee Hospital) and Noreen Downes (Secretariat to the DoPs) would be joining the meeting during the lunch break and for their agenda item directly after lunch. The Chair advised BMs that, following on from the Board Development day, there may be some changes to the agendas to allow time for important issues to be considered and to make the meetings as effective as possible.

Apologies were received from John Cromarty, Alan Glauch, Helen Gordon (Chief Executive), Elspeth Bridges (Membership Development Manager) and Deborah Stafford (Educational Development Pharmacist).

15/47. Declarations of Interest

(Item: 15.06/SPB/03). Board members were reminded to declare any specific interests prior to discussion of agenda items.

Amendments:

Andrea Smith (AS): Member, Pharmacy Management National Board for Scotland.

David Thomson (DT): No longer Specialist Advisor to the Chief Pharmaceutical Officer (CPO) (2011 to 2015); add year when contract ended.

John McAnaw (Chair): Amend Vice-Chair, Scottish Pharmacy Board and replace with Chair, Scottish Pharmacy Board.

Jonathan Burton (JB): Add Vice-Chair, Scottish Pharmacy Board.

Ailsa Power (AP): Add Member, RPS Education Advisory Group.

Action point: CR to check that Alan Glauch's declaration of interests is up to date.

Action point: CR to update Scottish Pharmacy Board (SPB) declarations of interest document and circulate to Board Members (BMs).

15/48. Confirmation of Board Meeting Minutes
Scottish Pharmacy Board

approved

the minutes of the Public Business part of the Board Meeting held on Wednesday 22 April 2015 (Item: 15.06/SPB/04).

15/49. Matters Arising

Professional Indemnity Insurance: Professional Indemnity Insurance (PII) as a Member benefit would need to be considered as a GB issue and, as such, AMaCK agreed to raise this matter again at the next Executive meeting; BMs were advised that Community Pharmacy Scotland (CPS) has recently launched a PII offering to its members into a market that is already 'very crowded'. The Chair opened up this matter for discussion. KM noted that some members are concerned that PII isn't a Member benefit and suggested that other professional bodies, e.g. Royal College of Physiotherapists and the Royal College of Radiographers, offer this insurance and, because this is such an important member benefit, secure 100% membership. DT noted that when the Society first de-merged, the provision of PII in affiliation with an existing provider was considered. JB noted that it might attract members but it would incur a cost and so accessing a discounted rate with an existing provider should be considered; options should be explored. AMaCK to ask Patrick Stubbs (Director of Marketing and Membership) to provide an update on this subject. It was agreed that the views of BMs around the provision of PII as a Member benefit should be sought.

Action point: AMaCK to ask PS to provide BMs with a report on activities around PII for the next SPB meeting, 30 September 2015.

Action point: AMaCK / CR to ensure that PII is included as an agenda item at the next SPB meeting on 30 September 2015.

Action point: CR to seek the views of BMs around PII via the SPB Friday Update.

Action point: AMaCK to raise PII at the next Executive meeting, to be held on 1 July 2015.

Prescription for Excellence (PfE): The previous SPB Chair had been asked to check with Elaine Muirhead, Scottish Government (SG) that it was acceptable for PfE Steering Board papers to be sent to SPBChair@rpharms.com. The meeting was unable to confirm whether this had been actioned. CR confirmed that she is included in the PfE distribution list and that, as soon as papers are received, they are forwarded to AMacK, ABr, AMcG and SCN.

Action point: JMCA, as the new SPB Chair, to liaise with Elaine Muirhead.

Pharmacy Schools' Council: The RPS President had been asked to confirm that there would be a new academic representative on the RPS Assembly as Larry Goodyer was to retire. CR confirmed that the new Academic representative on the Assembly is to be Professor Duncan Craig, Director at the School of Pharmacy, University College London.

Pharmacist Support (PS): DT confirmed that an online service to support pharmacists suffering from stress has now been launched. It is free for Members and funded from the *Wardleigh Bequest*. AP asked how the service can be promoted as stress is such a major issue; it was agreed that promotion of this service should be explored at a strategy day. SCN noted that she has been in contact with PS re: taking a stall at the RPS National Seminar; she is waiting to hear back.

Action point: CR / AMacK to add promotion of the PS online service to the agenda at the next strategy day.

Scottish Patient Safety Programme (SPSP): AS confirmed that there is no specific update for the SPB but suggested that it should be included on a strategy day agenda as AMcG had mentioned the support given when the acute SPSP programme was launched and also there is to be a presentation, at the Directors of Pharmacy Group (DoPs), on the changes to the medicines element of SPSP.

Action point: CR / AMacK to include an SPSP update and discussion on the agenda at the next strategy day.

National Health Education Scotland (NES) / RPS Educational Project: JB confirmed that he has had an informal meeting with Deborah Stafford (DS) around the Community Pharmacy Framework development and how that fits in with the RPS / NES project. AMacK confirmed that DS has meetings arranged with Lloyds and Boots. It was agreed that an update on the NES / RPS educational project should be included at a strategy day, if appropriate.

Action point: CR / AMacK to include an update on the NES / RPS educational project at a strategy day, if appropriate.

Action point: JMCA, as Chair, to follow up and provide details to CR of PfE stakeholder leads.

Co-option: The Chair suggested that it would be acceptable to bring in expertise to comment either before or at a meeting when a gap is identified and it is appropriate; he was not convinced that co-option was required. AMaCK suggested that, as the SPB is non-sectoral and from a governance perspective, he would be cautious about co-opting. AS suggested that the National Acute Pharmacists' Group (NAPs) would support the Board and provide expertise. DT suggested that the DoPs should be approached for support in compiling a list of expertise.

RPS Business Plan:

- SCN suggested that it had not been timely to arrange meetings with either Jason Leitch, National Clinical Director, Healthcare Quality, SG, or with Michael Kellett, Director of the Quality Unit, but may be more so after the next SPSP update.
- ASo confirmed that he had followed up the request around communications to Members being communicated to the team beforehand and, also that a monthly list of new Scottish members is made available to the team. This has not materialised and so ASo confirmed that he would continue to pursue.
- Volunteers to support the Community Pharmacy Hub have been identified and this will be taken forward within the next few months. SCN confirmed that, with the savings made from not producing a 'hard copy' newsletter, the Scottish Directorate intends to purchase a video camera which will be used at the National Seminar and other events. AMaCK confirmed that further media training for staff and BMs would take place in the autumn of 2015.

Prescription for Excellence (Pfe):

- AMaCK advised BMs that a paper had been presented to the Professional Leadership Body Board (PLBB), asking for an advocacy campaign around e-health and access and input to the electronic patient record. AMaCK confirmed that a GB Campaign is to be launched in the autumn.
- E-Health Strategy: AMaCK has been disappointed in progress; he assured BMs that he would discuss with the new Chief Pharmaceutical Officer (CPO) when he meets with her.
- AMaCK confirmed that he has fed back BMs' comments around the lack of information on the Pfe website to the Pfe Reference Group; he has been assured that the SG communications team is working to improve the site. AP noted that the 'midget gems' and posters from the joint RPS / NES conference are to be uploaded to the SG Pfe website and will be accessible via links from the RPS, NES and main SG websites. Elaine Thomson (ET) noted that she had received an email from an independent source re: Pfe projects. ET was keen to ensure that this was a legitimate request. ET to forward email to AMaCK to investigate.

Action point: ET to forward email regarding Pfe projects to AMaCK to investigate.

15/50. Scottish Pharmacy Board Business Plan 2015

(Item: 15.06/SPB/06). Alex MacKinnon (AMaCK), Director for Scotland, updated BMs on highlights and areas of concern.

Highlights:

RPS / NES Conference – 26 May 2015: This was a key objective for 2015, the second event in a trilogy (the first being the NES Conference in February); the event has received very positive feedback.

RPS National Seminar – 22/23 August 2015: The RPS National Seminar will be the third event in the trilogy. AMaCK confirmed that the programme is taking shape; Rose Marie Parr (CPO) is confirmed as a keynote speaker as is Laura McIver (Chief Pharmacist, Healthcare Improvement Scotland) who will give a key note speech on patient safety and the quality agenda. The programme has the makings of a successful event. Early indications are that numbers are promising.

Community Pharmacy Scotland (CPS): AMaCK reported on a very positive meeting with CPS Chief Executive, Harry McQuillan, to explore areas of joint working on advocacy. Teams will meet on a quarterly basis to explore areas of joint working. This is a major step forward.

Partnership working: AMaCK reported on a very successful Patient and Public Involvement Seminar.

Social Media: AMaCK thanked the team for launching the RPS Scotland Facebook page; it was noted that followers of the RPSiS Twitter feed continue to increase.

Areas of concern:**Health & Social Care Integration (H&SCI) agenda and where pharmacy fits:**

AMaCK reported that he was invited to be a keynote speaker at the Royal College of Nursing H&SCI Conference and it was evident that the nursing profession is much further advanced in H&SCI than the pharmacy profession. It was also clear how engaged the allied health professionals are with social work and H&SCI. There are two issues: how to work strategically with SG and how to influence at the locality service planning level. AMaCK suggested that H&SCI should be discussed with the DoPs during their agenda item and that it should also be considered at a strategy day. There needs to be an understanding as to how to progress. ET agreed that the gap is significant, adding that she 'gate-crashes meetings' but that pharmacy needs 'to be invited to the table'; H&SCI is moving ahead at a pace. JB noted that his experience of community health and social care has been that it is disorganised; this might provide an opportunity to bring pharmacy and medicines related issues to the fore. He suggested that the 'Member angle' should be considered; they may be keen to be involved but require resources. JB suggested that the RPS, using its leadership and framework resources, could work with the DoPs and Health Boards to achieve this. It was agreed that the next few months should be used to prepare for some advocacy around pharmacy's positioning within H&SCI agenda for the autumn party conferences; AMaCK suggested that a key SPB Manifesto 'ask' for 2016, could be 'that pharmacy's position is maximised for the opportunities to improve patient care within the H&SCI agenda'. KM noted that, although the political aspect is important, the local authority level needs also to be considered as that is where the work is centred. DT suggested that it might prove useful to work jointly with CPS on this. He noted that there had been a SG generic statement

about quality and representation which provides opportunities for advocacy on behalf of pharmacy.

Action point: Opportunities for pharmacy within the H&SCI agenda to be discussed with the DoPs during their agenda item.

Membership: AMacK gave a thorough report on Membership and updated the Board on membership activities.

Action point: BMs to contact AMacK directly with any additional issues on the Business Plan.

15/51. Prescription for Excellence (P/E)

Alex Mackinnon confirmed that there hadn't been another Reference Group meeting since the previous SPB Board meeting in April. John Cromarty (JC) was not available to update on Steering Board but AMacK will ask him to provide some bullet points for circulation to the Board. AMacK read a statement issued on behalf of the Steering Board:

The Prescription for Excellence Steering Board met on 11 June 2015.

The Board received an update from the last meeting of the Reference Group, which included the positive feedback from stakeholders on the Stakeholder Workshop on developing engagement with different audience groups. The Board also noted the encouraging progress being made by the Working Groups and on developing both the delivery plan for the programme and the communications and engagement strategy. It was agreed that the Risk and Issue log will be reviewed and revised ahead of the next meeting.

The Board received an update from the Building Clinical Capacity Working Group on the work being undertaken across all healthcare sectors, which is informing the development of an integrated model. The Board had a useful discussion on the importance of Integration Joint Boards and the role of Prescription for Excellence as part of their plans going forward.

The Board also agreed to a funding request from the Technology and Workforce Working Group for the evaluation of technology pilots that will allow for learning from the test sites to be shared across Scotland.

Action point: AMacK to ask JC to provide some bullet points to be circulated to BMs.

15/52. RPS Conference 2015

Anne Boyter (ACB), SPB representative on the RPS Conference steering group, provided an update on the RPS Conference. After a few initial hitches, arrangements are progressing well; the keynote speakers have been confirmed. Next meeting on Tuesday 23 June.

BMs were asked for suggestions for 'hot topics'; suggestions included best practice, reporting, managed repeats and pharmacists in GP practices. It was confirmed that Pharmacists in GP practices is already included in the programme. ASO confirmed that reporting is very likely to be a 'hot topic' as the

Commented [m1]: What are we referring to by 'reporting'?

Society is coming under pressure to demonstrate what it is doing to encourage reporting now that legislation has changed. ABr advised that there would be a policy 'slot' at the Conference and requested that this is considered as a 'hot topic'; she asked that BMs consider what should be included as part of the policy 'hot topic'. The Chair suggested that BMs provide ideas for 'hot topics' to ACB, by 5 pm on 18 June 2015.

Action point: BMs to advise CR whether they require accommodation.

Action point: BMs to forward suggestions for 'hot topics' to ACB by 5 pm on 18 June 2015.

15/53. Policy and Consultations

The Chair introduced this agenda item, noting that there are three policies which have been previously circulated to BMs and which are for approval. The Chair noted an intention to convene a sub-group of the SPB specifically to consider policy and also the SPB Manifesto 2016.

Managed Repeats:

(item: 15.06/SPB/09(i)). ABr has re-worded the document in a way that it is hoped will be acceptable to all three national boards. It may be that Scotland will produce a separate accompanying statement to be jointly badged with NHS Scotland. ABr asked BMs to provide examples where managed repeats haven't worked as well; the examples will not be included in the document but will strengthen any conversations with superintendents, organisations and patients. David Thomson (DT) noted that the latest version of the document is much improved. EB agreed that it is a vast improvement but wasn't happy with the Scottish caveat as it is not explicit. ABr agreed that the caveat could be strengthened, aligning it with the quality strategy, re-ablement, care for older people and empowering patients. AS felt that there should be a balance; she suggested that an extra line should be included to say that the RPS doesn't condone managed repeats but that if they are to be used, they should be used safely, professionally and only in exceptional circumstances. ASo noted that managed repeats are also becoming an issue in England. Boundaries and guidelines need to be established to ensure a quality service. AS asked that managed repeats are discussed with CPS; she was also concerned about the impact that suspending the managed repeats service would have on GP practices. ABr asked ASo to continue this conversation with the English Pharmacy Board (EPB) and Welsh Pharmacy Board (WPB). ABr to provide ASo with the updated version of the document.

Commented [m2]: The term should be re-ablement, and I double-checked.

The Scottish Pharmacy Board

supported in principle

the latest version of the managed repeats document with the proviso that it will be strengthened and made more explicit. Once it has been to the EPB and WPB, it will be submitted for approval by the Chairs at the next PLBB.

Commented [m3]: Around what ?

Action point: ABr to seek the view of CPS around managed repeats.

Action point: ASo to ensure that the updated managed repeats document, together with the views of the SPB, is considered at the next EPB and WPB meetings.

Pharmacists in GP practices:

(15.06/SPB/09(ii)). ABr confirmed that this draft policy has been widely circulated, including to the SPAA Group and the Primary Care Group. It is a significant piece of Scottish policy that requires the support of the SPB. Comments required by Friday 3 July 2015. JB felt that, with his 'community hat on' and the natural cautions, it couldn't be any more reassuring. DT noted that he was concerned about the terminology being used around the Society endorsing the employment of pharmacists by GPs. ET, who works as a pharmacist in a GP practice, noted that it has to be made very clear that pharmacists are in GP surgeries because they have a contribution to make in the provision of care to patients and that they are not there 'to prop up the gaps'; there was consensus with this view. JB asked, to ensure clarity, that the SPB's policy announcement is aligned with that of England and Wales.

The Scottish Pharmacy Board

approved

the Pharmacists in GP surgeries document with minor amendments to the wording.

General Pharmaceutical Council (GPhC) Professionalism:

(Item: 15.06/SPB/09(iii)). This document has already been circulated a number of times and this is the latest draft. The document had been presented to the Superintendents' meeting the previous week and it was agreed that the Society would share its response with them. Further time for consideration was requested. ABr suggested that once the consultation response has been submitted, GPhC and RPS should keep professionalism on the agenda at meetings as this discussion paper will lead up to a formal consultation in 2016. BMs were asked to forward comments on the response to ABr by 5 pm on Friday 19 June 2015 for sign off by the SPB Chair on 23 June 2015.

Action point: ABr to re-circulate the response to BMs.

Action point: BMs to comment on the GPhC consultation response re: professionalism. Comments should be forwarded to ABr by 5 pm on Friday 19 June 2015.

Public and Patient Involvement (PPI):

(Item: 15.06/SPB/09(iv)). This paper was a report on a Public and Patient Involvement Seminar, held on 3 June 2015; it was circulated to BMs for information and feedback. ABr reported on a 'lively' event attended by 15 delegates from Health charities and organisations where there is a significant medicines component, e.g. The Alliance, Parkinsons UK, Diabetes UK and Asthma UK; it was an initial step 'to test the water'. The report showed the results of the various discussions during the day. The delegates were very supportive of pharmacists having read and write access to patient records. They were also supportive of the review and extension of the minor ailments service

(MAS) and were very keen for the MAS cartoon to be promoted as widely as possible. ABR asked BMs for guidance as to how to engage further with public and patient involvement, given the objectives of increasing the understanding of the role of the pharmacist and also having patients lobby on behalf of pharmacists. It was agreed that further discussion should take place at a strategy day.

The Chair concluded the item by noting that PPI, as a way for the Society to move forward as a professional body, is very positive. The feedback was very encouraging and being seen to be engaging with the public and patients will only be beneficial when advocating on behalf of the profession. JB asked that Members are advised that the meeting took place and also the positive feedback that came out of it; 'the good will value is huge' and will have membership potential. It was suggested that the PPI Seminar should be one of the key messages from the meeting.

Action point: CR / AMack to add discussion around PPI and the way forward to a strategy day agenda.

RPS Scotland Manifesto 2016:

(Item: 15.06/SPB/09(v)). ABR updated BMs on discussions which had taken place within the Scotland Team. It had been agreed that the Manifesto should be kept very simple with just two or three 'big hitter' messages rather than a 'scatter gun approach'. The intention is to have top line messages with briefings and other pieces of supporting work below. SCN noted, that with politicians and candidates receiving manifestos from many organisations, it is important to keep our manifesto very simple and visual. SCN suggested that the manifesto should be presented as a prescription; it should have a few key areas, giving focus, with further details and evidence to support our intentions available in the background. This should enable our Members to be more active in the manifesto process and local engagement. SCN suggested that, with the RPS being five years old, it would be a 'happy coincidence' to have five manifesto 'asks'. DT suggested that the **Chronic Medication Service (CMS)** and care for patients with long term conditions should be considered as features strongly in other organisations, particularly the Alliance.

AMack suggested that it is imperative that the **single electronic patient record**, which was a key ask in the previous 2011 manifesto, is included. He also suggested that the **MAS** should be included, although consecutive Cabinet Secretaries for Health and Wellbeing have been resistant to rolling out the MAS. AMack noted that if this could be achieved it would establish community pharmacy as 'the first port of call for common clinical conditions in the Scottish NHS'. AMack was also keen that, in some way, **health and social care integration (H&SCI)** should be included.

ACB questioned the third bullet point: **protected time for education and training** for community pharmacists; she asked that this be broadened to include all pharmacists.

AS supported AMack's view around the MAS but was conscious of not complicating the messages; she suggested that the messages should be around pharmacy, medicines and prescribing. AS suggested that the MAS should be about how pharmacists support out of hours care. As far as H&SCI is concerned,

AS suggested that pharmacy should be represented equally and in the same way as other HCPs are.

DT suggested that, under the banner of MAS, supply and continuity of supply should be considered.

JB made a plea to identify a small number of areas where there is **common ground across all pharmacy representative bodies and work together on these**; it will send a stronger message to political candidates, e.g. **access to emergency care records**.

SCN noted that there needs to be consistency; the model that the RPS is advocating of having an RPS manifesto with briefings below will allow for joint advocacy with other pharmacy bodies.

The Chair suggested that headings should be more general and to articulate the detail below.

ABr asked BMs for their thoughts on **health literacy**; it is not particularly pharmacy focused but is for the greater good – aligns with the principles of a royal college. BMs agreed that health literacy should be included.

15/54. Research Ready

As unable to contact Professor Christine Bond, this agenda item was deferred to a later date.

15/55. Directors of Pharmacy (DoPs) Update

The Chair welcomed Gail Caldwell (GC), Chair of the DoPs Group, Chris Nicholson (DoP for Shetland), Scott Mitchell (Chief Pharmacist, Golden Jubilee National Hospital, Glasgow) and Noreen Downes (current professional secretary to the DoPs; this position provides an opportunity for a senior pharmacist to join the DoPs and to experience working at a strategic level). The Chair thanked them for taking time out of their busy days to explore how the SPB, Scottish Directorate and DoPs might work better together on key issues. BMs introduced themselves to the guests. GC thanked BMs for the opportunity to present to the meeting on ways of working together in this time of significant change for the profession. GC gave a summary of the presentation and areas that would be covered:

Who the DoPs are: The terms of reference for the DoPs state that the group should be made up of representatives from each territorial board plus special health board colleagues. The Executive Group is made up of a Chair and two Vice-Chairs, one of whom derives from a special health board, i.e. Scott Mitchell from the Golden Jubilee National Hospital. The role of the DoPs is to provide strategic direction and professional and clinical leadership for pharmacy, medicines and pharmaceutical care in Scotland.

Key Issues for discussion:

Delivery of *PfE*: The DoPs have a role in ensuring the delivery of Prescription for Excellence (*PfE*) at all levels, 'across the table'. The DoPs have a role in the clinical and professional leadership aspect of *PfE* and, importantly, the engagement and influence both locally and nationally. *PfE* is a unique professional strategy and one of the challenges locally is how to fit it into individual organisational priorities, so that it is positioned as a solution and is supported to progress. One of the most significant challenges within *PfE* is building and releasing clinical capacity:

- How to increase and mobilise pharmacists trained as independent prescribers and how to 'up-skill' pharmacy technicians.
- GP Workforce challenges – these can provide opportunities as well as challenges. Within Forth Valley NHS Board, there are significant GP workforce challenges but it has allowed GC to position *PfE* as a solution.
- “working to the top of our license”
- Impact on all areas of pharmacy practice within NHS Board. GC asked how *PfE* can be made 'real' to all areas of pharmacy practice and how the whole profession can be galvanised behind *PfE* and the delivery of the vision.

Evolving Health & Social Care Integration agenda in Scotland: The DoPs have reflected on some of the legislation that has now passed into law and pharmacy's position within it; when the DoPs meet with the new CPO at their meeting on Friday 26 June, H&SCI and how pharmacy can influence the agenda, will be one of the main topics for discussion. It was acknowledged that as much as possible is done locally within individual Health Boards to raise the issue of pharmacy and representation and also the medicines governance challenges that these new legal entities might bring. Within H&SCI there are also financial governance and staff governance issues.

Guiding Coalition: This was established post 'referendum' between the Chief Executives and Chairs of the NHS Boards to look at what a sustainable NHS in Scotland might look like going forward. One of the areas that the DoPs have been exploring is around an effective prescribing work stream; there is always pressure to get more out of the medicines budget. A range of work is being carried out, under the banner of the Guiding Coalition, of which the effective prescribing work stream is being jointly led by Alpana Mair and Professor Marion Bain from NHS National Services Scotland (NSS). There is a strong leadership role with the Association of Medical Directors. The emerging areas are the polypharmacy programme and how to ensure that patients have the correct medicines, empowering patients to value medicines, looking towards strengthening regional / national protocols for medicine and the dilemma of the use of unlicensed medicines where a licensed medicine exists. There is ongoing debate around increased access to new medicines being the requirement politically against the pressures to deliver efficiencies; a new medicines fund is being established in Scotland to allow Boards and patients to use medicines that are not cost effective and yet many areas are struggling to deliver efficiencies using the medicines which have been shown to be cost effective – 'a difficult circle to square'. Under the Guiding Coalition, there is an emerging work stream for pharmacy around shared services. Shared services will look at what can be done to deliver consistent, sustainable and excellent service, to improve outcomes, harness expertise and ensure best value. The drivers behind this are quality, strengthening governance and resilience; it will look at the functions within pharmacy that would fit within a shared services model. The DoPs have agreed to engage with this around areas where mutual benefit is evident in terms of looking at a national strategic direction; aseptic dispensing services are being used to see if the Guiding Coalition and shared services work can provide a platform from which to work towards a national strategic service.

GC suggested that there are opportunities to work together, to share issues and priorities, an opportunity to achieve a greater understanding of the challenges and to think about ways of working. GC reflected that 'it is a really good time to be having these conversations'. GC cited the 'out of hours working' (OOH) meeting, held after the joint RPS / NES Conference, at which SG, the DoPs, RPS and CPS and others were in a room working together 'singing from the same hymn sheet'. GC concluded her presentation with an optimistic quote: "The law of floatation was not discovered by contemplating the sinking of things".

The Chair started off the discussion by noting that one of the key issues discussed earlier in the morning was around the H&SCI agenda and how and where pharmacy can influence this; he also mentioned that pharmacy is starting to work together, e.g. with the OOH Review, to come to a shared position around what pharmacy can contribute and what pharmacists can do in relation to offering solutions; this has been a very positive start. The SPB is keen to explore how to progress this and also to see how certain initiatives can be jointly badged, e.g. policy statements. The Chair suggested that it would be useful, as the conversation develops, to discuss how the RPS and the DoPs can work jointly, where the professional body could and should look to influence developments. He then opened the discussion up to BMs to get their views.

There was general consensus that dialogue between the RPS and DoPs and other organisations is a great opportunity for pharmacy; JB suggested that the pharmacy bodies in Scotland working together and reaching consensus was 'absolutely fantastic' however he was concerned that with the DoPs being representatives of Health Boards and the SPB being an elected body there was the potential for a conflict of interests around policy formulation, etc. GC had alluded to some of the tensions around policy conflict but felt that issues could be worked through. Chris Nicholson (CN) added that there would 'be strength in different accountabilities' and in different types of bodies working together.

AMacK noted his concern around the H&SCI agenda; it is progressing and 'pharmacy is conspicuous by its absence'. AMacK had been a keynote speaker at the RCN conference; this event had demonstrated to him that nursing is forging ahead with the H&SCI agenda. *PfE* has to be enabled within the H&SCI agenda. CN noted that H&SCI is the 'destination' and that '*PfE* will be the conduit to its delivery'; he continued that the role of Area Pharmaceutical Committees (APCs) will become influential within the Integrated Joint Boards (IJBs) and that it will be increasingly important for the DoPs to have strong allegiances with the APCs. As a rule, the DoPs will not sit on the IJBs; AMacK asked why this should be? GC noted that the makeup of the IJBs is enshrined in law and would be challenging in terms of how to influence. GC assured BMs that H&SCI is one of the top three issues to discuss with the CPO at their meeting on 26 June. AMacK suggested that, if pharmacy can't be on the IJBs then it was crucial to explore best models of influencing and how they can map consistently across the Health Boards. GC noted that, 'although *PfE* is a very exciting opportunity for the profession, it is vital not to lose sight of the bigger picture'. AMacK noted that when he and the then Chair, John Cromarty, had met with the Cabinet Secretary for Health and Well-being they had been disappointed because the focus was on the 'Hub' model, e.g. Clackmannanshire, and community pharmacy was not on the agenda; it was agreed that AMacK would

liaise with GC and the DoPs before he next meets with the Minister in September. CN suggested that one of the key ways in would be through locality planning; this is where community pharmacy can influence the direction of travel and pharmacy will be very much noticed there. The OOH Review will also provide a huge opportunity for pharmacy and where pharmacists will have a key role. AS felt that, in the spirit of collaboration and also with a new CPO, it is a great opportunity to work together, to articulate the same messages and also to understand where and why there is 'respectful conflict'. AS reported that locally in Fife, with H&SCI, they have been trying to convey the importance of medicines for patients in keeping them in their own homes.

It was suggested that three key messages should be agreed, which will benefit RPS Members but also support the DoPs agenda at the same time. GC suggested that it is how the conditions are created jointly to ensure the delivery of *PfE*. It was agreed that the OOH Review would be a powerful opportunity for joint working; IT and the governance that would be required around that and workforce issues were also suggested.

JMcA asked how the DoPs envisaged working jointly with the Society in Scotland. GC suggested that representatives from the DoPs and a number of SPB BMs work together to develop a plan; any plan should have SMART actions. She suggested that, going forward, representatives from the Board and from the DoPs group, together with the CPO should start to plan how to influence at all levels. ACB suggested that a small 'trusted group' should be formed that would have tasks, actions, outcomes, timings and who would be the 'nag'; this group would be trusted to take things forward and then report back to the Boards. JB asked how joint statements would be formulated and also the governance that would be required for them to be approved. JMcA asked if there is an area where it would be particularly beneficial to secure the support of the RPS. GC suggested that the development of the pharmacy technician workforce as this would help to release clinical capacity. AS noted that she and AP had discussed this matter earlier and had suggested that this might be a joint RPS/DoPs/NES piece of work.

DT noted that there are issues around workforce planning and also decriminalisation; workforce planning is a priority to discuss with the CPO.

ET noted that there are many good examples of where H&SCI is working at a local level where technicians working with social care teams are involved. CN suggested that, as a profession, pharmacists are very good at collecting data but not so good at 'sharing good stories'; it is these that will influence politicians to make change.

Next steps: the Chair suggested that three representative from the DoPs and the same number from the SPB meet to look at common ground and messages; i.e. advocacy, influence and H&SCI. It is important to share the 'good stories' around pharmacy. GC, CN and SM agreed that this should be the way forward.

The Chair explained to the DoPs that with the SPB being non-sectoral and because it is an elected body, hospital pharmacy is now not represented. He asked whether, when expertise around hospital pharmacy was required, the SPB could approach the DoPs group for advice on the most appropriate person to approach for support. It was agreed that this would be acceptable.

GC thanked BMs for the opportunity to initiate dialogue and looked forward, on behalf of the DoPs group, to continuing discussions on an ongoing basis

Action point: Identify three people (it was agreed that the group should be wider to allow for expertise required).

Action point: CR to circulate a doodle poll to GC, Noreen Downes, SPBMs and relevant members of staff with a view to holding a meeting prior to September.

Action point: AMacK to liaise with GC and the DoPs to discuss H&SCI prior to meeting with the Cabinet Secretary for Health & Well-being in September 2015.

15/56. Out of Hours (OOH) working Review

(Item: 15.06/SPB/12). The Chair introduced this item, reporting on a meeting held after the RPS / NES joint Conference around the OOH working Review. Representatives from CPS, RPS, NES, the models of care group and the DoPs attended – a ‘spirit of collegiate working and engagement’. It was a constructive and open meeting and one of the outcomes from it was that a paper should be drafted presenting pharmacy’s perspective that could be fed into the OOH Review. There is pharmacist representation on each of the four work streams, but some are struggling to be heard. It was agreed that there is a role for the pharmacy bodies to support the pharmacist representatives on these groups; this is a primary care review rather than a review of any one profession. Although there is only one pharmacist on each main group, some groups have sub-groups, i.e. Models of Care, which has the following sub-groups: palliative care, mental health, older people and inequalities, where pharmacy is also represented.

AMcG explained that focus groups will run during July, where pharmacy representation is being sought and also pharmacy services and projects which have happened within hours and which could be implemented OOH, e.g. Greater Glasgow and Clyde (GGC) and Highlands Macmillan projects which are already in existence. AMcG has emailed CPS and also the special interest groups for further examples. The timelines are very tight, with the project scheduled for completion by September. AP asked for clarification as to whether the MAS has been considered in the OOH Review; AMcG confirmed that the MAS is included. AMcG has just completed a second draft of the proposal which CR will circulate in the Friday update. AMcG suggested caution.

Action point: CR to put second draft into the SPB Friday update. BMs to provide comments by return (by 26 June). AMcG suggested that there will be a third iteration of the paper before it is finalised.

15/57. Update papers on various work streams

The Scottish Pharmacy Board

noted

the following papers:

- Science and Research Update (15.06/SPB/13 and 15.06/SPB/13(i))
- Professional Support Update (15.06/SPB/13(ii))

- Library and museum update (15.06/SPB/13(iii))
- Chair and Vice-Chair's Report (15.06/SPB/13(iv))

15/58. Key messages

- Statement around Pharmacists working in GP practices
- Health & Social Care Integration linking into the DoPs story, ensuring that pharmacy is represented at all levels within H&SCI agenda. Enabling the delivery of *PfE* within the H&SCI agenda. Also, complex medicines – keeping patients in their own homes
- The successful Patient Public Involvement Seminar and the SPB's commitment to continue develop this work stream.
- New spirit of collaboration and cooperation in Scotland, particularly around the OOH Review and also the DoPs attendance at the SPB meeting on 17 June 2015.

AP asked if there was going to be a report in the Pharmaceutical Journal (PJ) on the NES / RPS joint conference which was attended by 180 delegates.

Assurance had been given that an article was going to be published but nothing has been produced as yet. AP requested that, if an article isn't forthcoming, a letter of concern should be sent to the PJ. AMaCK to write to the PJ, copying in ASo, Helen Gordon (HG) and Arash Hejazi (AH), PJ Publisher. AS noted that if other pharmacy publications report on the Conference and the PJ doesn't, the reputational risk of the Society needs to be considered. ASo noted that the first day of the Assembly will be a business development day, part of which will be about governance and will include the relationship between Pharmaceutical Press and the Professional Leadership Body.

Action point: AMaCK should ensure that the relationship between the PJ and the PLB is included on the Assembly agenda.

Action point: AMaCK to write to the PJ, copying in ASo, Helen Gordon (HG) and Arash Hejazi (AH), PJ Publisher.

15/59. Any other competent business

There was no other competent business.

15/60. Date of Next Meeting

The date of the next meeting will be 30 September 2015. A strategy day to be planned in before the Board Day. ASo gave his apologies for the meeting on 30 September as he will be at FIP.

Action point: AMaCK / CR to set a date for a strategy day prior to the next formal SPB day, either in early August or early September.

The SPB Public Business meeting concluded at 15:00.