# **Community Pharmacy Expert Advisory Group Agenda**

**Monday 24TH July 2023 19.30 – 21.30 By Zoom:**

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Meeting ID: 986 6194 0300

## **1: Welcome, Apologies and welcome Led by Janice 5 mins**

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| **Purpose** | To welcome and note apologies. |
| **Outcomes** | To be agreed and completed at the meeting as a record |

## **2: The Greener Pharmacy Guidance – Wing Tang (Head of Professional Guidance) and Minna Eii (Pharmacy Declares and lead author) 60 mins**

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| **Purpose** | The Greener Pharmacy Guidance will enable pharmacy teams to self-assess their impact against the standards, benchmark and improve through evidence-based activities and actions.  The guidance and digital self-assessment toolkit will integrate with carbon calculator tools to help pharmacy teams to measure their carbon footprint, action plan to reduce use of carbon and improve sustainability.  Key elements will include advice on medicines supply, usage, and disposal as well as influencing service users with information on how to improve compliance and change from high-carbon products to lower environmental impact alternatives where appropriate.  The RPS Greener Pharmacy Guide supports the roll out of the RPS Greener Pharmacy Toolkit which community and hospital pharmacies can use to self-accredit their sustainability status.  CPEAG to pre-read the guidance and provide feedback on the questions asked of the group. |
| **Outcomes** | * Wing Tang gave an update on the reason for the guidance. * Policy has been published as part of the RPS commitment to environmental sustainability. * Internally the RPS has fully divested from fossil fuels, moved investments including pensions to a ‘greener’ choice and reviewed the sustainability of its properties. * NHS contributes 4-5% of carbon output in the UK and pharmacy contributes to 13% of this. * Minna Eli, Lead author, acknowledged the pressures on the community pharmacy service. The guidance has been created with pressures in mind, aimed for ‘quick wins’, with money saving ideas and staff engagement. * “Standards” will be changed to ‘guidance’. * The bid requires the team to produce a “self- assessment” toolkit.   **Feedback**   * Large document and could be viewed as daunting with unfamiliar terminology making it hard for everyone to understand. No assumptions of prior knowledge should be made. * Aspirational document which although very thorough and needed for the future, is currently unattainable in its current format and could prevent pharmacy teams feeling they could make a difference. * Anything that puts more financial pressure on community pharmacy and require contractors to invest without funding to follow, even with the best of intentions, will not be embraced in the current climate. * Easy read, executive summary style needed. * Requires a simple ‘What can I do as a pharmacist/contractor’, what are the ‘easy wins’. Ideally needs to be an adaptation to normal practice so is not seen as additional work more a “greener way” of working. * Need to drive and support the greener agenda but need to be mindful of constant current pressures on the whole community pharmacy sector. * Pharmacists and teams want to engage but will need a much easier version to follow to allow that to be realised, must not be onerous for community pharmacy. * Consider separation of hospital and community pharmacy standards. NHS as an organisation is completely different to a contractor. Community pharmacy would benefit from a separate document with bite size chunks. * Individual pharmacist is not always the decision maker in operational/procedural/financial arrangements in an organisation. * An employed pharmacist is unable to change many of the things in the toolkit. * Aim to make people feel positive, not that they are ‘failing’ against everything. * ‘Less is more’, to make it easy for an individual community pharmacist to engage and make the contributions they invariably want to. * Be careful of ‘information overload’ how we make this simple for community pharmacy and not another thing to sign up to * No funded Protected Learning Time, training is difficult to fit within working day. Consider one page top tips around changing behaviour and actions. * This must be fair and equitable across all contractors. Community pharmacy has a huge focus on other contractual arrangements which generate income in a difficult economic climate. Unless the green agenda is linked in with contractual payments, there is a huge risk this will be overlooked in favour of other contractual requirements. * We must set community pharmacy up for success, need to manage the transition, need to apply to all community pharmacies including Distance Selling Pharmacies. * Need to look at current contractual requirements and can we do these in a smarter more sustainable way. * Really important this doesn’t become another contractual burden. This must not add additional work when the fundamentals of how we survive as community pharmacies is paramount. * Standards need to complement and be mapped to other green standards already prioritised by larger companies. * ‘How do you deliver existing GPhC standards in a greener way’, having additional GPhC standards or something else to be marked against will not be helpful. * Provide examples of how we can meet current GPhC standards but in a green way. * How do we link what we are currently doing to meet the net zero agenda. * Co-benefits – what is costing money now can save you in return in the long run. * Need a few headlines, quick wins, to encourage greener behaviours. A few easy tangible things, ‘what can we all do now?’. * Need to celebrate the success people have achieved, not make it negative for what they haven’t achieved. * Landlord restrictions can often affect what a contractor can do with a premises. * Many things can be fixed upstream, not everything is community pharmacies to solve e.g. QR codes on boxes to help access to patient information leaflet (cuts printing in the pharmacy). * Educate undergraduates in a green way of working. * Trying to align with other primary care settings in terms of a self-check toolkit. Find out if they are funded to support this as CP needs parity. * NHS committed to zero carbon by 2040, this is the pathway to pharmacy getting there overtime. * Will net zero pharmacies encourage people to visit them? * Narrative will be crucial in terms of the why …. * Cautious with the narrative and be cognisant of contractual discussions across devolved nations – ‘it’s the right thing we need to do for the environment’. * Time to launch will be crucial, not to be lost in a deluge of other things. * Discussion to bring a revised version back to the group – suggestion to invite some superintendents to the group for that future meeting. |
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## **3: The role of RPS in the Common Conditions service in England. Led by Janice 30 mins.**

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| **Purpose** | CPEAG to discuss the upcoming Common Conditions service in England and the support the RPS could offer – both in terms of training/professional support and public/patient education. Papers previously provided but reattached here for ease. |
| **Outcomes** | * Short guides, possibly in conjunction with RCGP. to get level of what’s expected and ensure collaboration with General Practice. * Guides with red flags and differential diagnosis and safety netting around the conditions. * Common narrative, so all answering questions about our role and competency in this space in the same way. * Undergraduate curriculum needs to reflect what is happening in the NHS contract. * Collaboration and understanding of what the service can deliver (together with limitations) between GP/primary care and community pharmacy is key to delivery of the service. A key role to engage will be pharmacists working in GP practices. GPs need to be clear what’s in scope and what isn’t to minimise inappropriate referrals. * Guides on How to complete “warm clinical transfer” between healthcare professionals’ – preventing patient ping-pong. * **Record keeping** – good records for other healthcare professionals to understand, pharmacy professionals need to be more competent and confident with. * Ensuring all pharmacists, employed and self-employed, deliver the service for patient benefit. * Engagement work - helping engage the public to ensure they understand what pharmacy can do and the services on offer to them. * Challenge of 56 day prescribing changes in Wales. CPE needs to learn from this! * What a good consultation looks like – a video, **record keeping**, ‘have you considered these things’, setting yourself up for more of a person- centred physical consultation. * Thinking about the practical and operational factors that impact the quality of the consultation as well as the clinical elements. * Don’t reinvent what is already there, signpost to the work of relevant organisations. * Collating and curating training materials in one place to make it easier for people to access. |

## **4. AOB 5 mins**

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| **Purpose** | To discuss any other business |
| **Outcomes** | * RPS annual conference in November highlighted to the group. * RPS would like to do a short blog co-authored by a community pharmacist who is currently working towards the daffodil standards. * CPEAG has provided significant input into their development, and a member would be well placed to provide an initial blog, with further follow up ones potentially. * RPS will share with the group some draft narrative and look for anyone interested to participate. * **Request that one or more of the group, who’ve signed up to the standards volunteers.** |

**For Noting: RPS annual conference, Friday 10th November 2023. London. Sign up** [here](https://www.rpharms.com/conference23)

**Next meeting is Monday 25th September @ 7.30pm**