# **Community Pharmacy Expert Advisory Group Agenda**

**Monday 27th November 2023 19.30 – 21.30 By Zoom:**

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

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| **Purpose** | To welcome and note apologies. |
| **Outcomes** | Apologies received from Aron Berry and Mohammad Ibrahim. |

## **2: National Travel Health Network and Centre – Led by Rosemary Tucker – University College London Hospital Trust – 30 mins**

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| **Purpose** | The [National Travel Health Network and Centre (NaTHNaC)](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.travelhealthpro.org.uk%2F&data=05%7C01%7CAlwyn.Fortune%40rpharms.com%7C024d53ded4c64fe4ca7308dbad419ac0%7C99193c61658d4076952f07c345a3be97%7C0%7C0%7C638294269542659511%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=B4XoPHrHzbdo2vHwL2ZQIdxhLvPKViUuXJ3EtysmwY8%3D&reserved=0) are looking to gain an understanding of the provision of travel health services by community pharmacists and to explore ways in which NaTHNaC could support training of pharmacists within this area of practice.'    <https://travelhealthpro.org.uk/> |
| **Outcomes** | * Presentation delivered by Rosemary Tucker and attached. * Already a clear and well-established training pathway at multiples including Boots, independent pharmacies have access to service providers to aid with PGDs. Training, support etc. * There doesn’t appear to be an obvious gap in provision, comfortable with current offering for community pharmacies. * With the changes to the community pharmacy framework this may not be priority * Question around how any new framework would be retro- fitted to a pharmacy that was already providing the service. * Lots of guidelines around administration of medicines, done under PGD with criteria to meet, with training needs – don’t necessarily need a competency framework. * RPS not necessarily the correct organisation to work with as this is not about leadership more of an operational service and delivery for contractors. * Not a current priority for the RPS and potentially lies better with other community pharmacy organisations including the NPA, AIMp and CCA. Nick Thayer to provide contact details. * Lots of providers in this field so would need to get them together to align standards. * Hard to quantify number of calls from pharmacies as these queries could be scattered around different organisations, e.g. PharmaDoctor, NPA etc. * Not aware that within community pharmacy that provision of travel clinic offering is seen as a particular training need or gap in knowledge. Unaware that pharmacists are experiencing concerns/issues in this area or that patients are not able to access services. * Details provided of contacts within NPA and CCA and these discussions may be best picked up with those organisations. * Rosemary requested data on numbers of providers. This data is available however may not be able to be shared. |

## **3: Greener Pharmacy Standards Guide – led by Minna Eli and Peter Morgan NHS England – 45 mins**

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| **Purpose** | To update CPEAG on the Greener Pharmacy Standards following the consultation. |
| **Outcomes** | * Minna Eli and Peter Morgan provided a presentation on the background for the development of the Guides. * Carbon footprint of medicines and pharmacy * Feedback from CPEAG previously has helped shape the redraft of the Guide including; removal of word ‘standards’ so no confusion with GPhC standards and now separate Guides for Community and Hospital pharmacies. * Collaborative work with other organisations e.g Public Health Wales (greener pharmacy Wales) to complement and signpost within toolkit and guidance. * Moved away from ‘bronze’, ‘silver’ and ‘gold’ to level 1, 2 and 3. * The aim is for as many people as possible to start their journey, not necessarily a few people doing lots, more ‘breadth rather than depth’ * Consultation feedback from CPW, CPE and CPS to represent community pharmacy and help further shape the Guides. * Trying to find a balance and provide a document that is an achievable starting point for community pharmacies.   **Feedback from group**   * Is there enough emphasis on waste in the document, lots of unnecessary medicines waste generated through over ordering, medicines not taken as intended etc. * Pharmacists want to do the right thing, check patient only getting what they need, extremely time consuming to deal with patient waste. * Lots of work needed to educate the public. * Complex dynamic in terms of what pharmacy can be doing and educating the public.   **Next steps**   * Production of a final document to account for consultation responses, website will be built and bring back to CPEAG to test to see if ‘appropriate’ in the Spring (March agenda item) * Test the practicality of both the guide and the website. * Potential to link to ‘Quality Payment Schemes’ e.g. inhaler return schemes. * Potential to link into service specs of services, so business as usual rather than being seen as additional work.   **Feedback from the group**   * Community pharmacists are already doing this type of work, for some pharmacies it is business as usual, this will hopefully help give direction to all. * Case studies and good practice examples are extremely useful, but exercise caution over naming companies e.g. PMR suppliers. This could be seen as endorsement of one supplier over another. In addition, it will ’date’ the guides, as technology is constantly evolving. * Greener agenda could form part of an overall consideration for community pharmacy contractors when choosing for example, PMR suppliers and energy suppliers. * Linking in with contractual negotiations   **What does success look like?**   * As many people as possible to start their journey and achieve level 1 * Want to celebrate success. * Want to set up pharmacies to succeed, not demoralising those for ‘failing’ * Need to ensure other organisations are not duplicating e.g. ICBs and involve LPCs to have system level discussions.   . |
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## **4: AOB**

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| **Purpose** | To discuss any other business |
| **Outcomes** | * Please email any outstanding declarations of interest to Cath Ward ([cath.ward@rpharms.com](mailto:cath.ward@rpharms.com)) * Provisional date for next meeting **Monday 29th January – TBC,** in line with all expert advisory groups (EAGs)   . |