# **Community Pharmacy Expert Advisory Group Agenda**

**Monday 25th September 2023 19.30 – 20.30 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** | Janice welcomed the group to the meeting. |

## **2: PGD’s and Pharmacy Technicians**

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| **Purpose** | The Department of Health and Social Care (DHSC) are consulting on proposed changes in legislation to enable pharmacy technicians to supply and administer medicines under a PGD.  RPS will be responding to this consultation and would like to capture the views of CPEAG to help inform Boards.   * Do you agree or disagree with the proposal? * Do you agree or disagree that the 2-year pre-registration training equips pharmacy technicians with the appropriate knowledge and skills to **complete the training requirements** which allow them to use PGDs? * Are there any additional requirements that need to be taken into consideration.   The consultation can be found [here](https://www.gov.uk/government/consultations/proposal-for-the-use-of-patient-group-directions-by-pharmacy-technicians/proposal-for-the-use-of-patient-group-directions-by-pharmacy-technicians). |
| **Outcomes** | Alwyn introduced the consultation and explained a response from the RPS would be formed based on one that best reflects the views of board members across the three country boards.  The format of the discussion was to gather views of CPEAG around the key questions of the consultation response.  The following gives an overview of the discussions held.  ***Question 1.***  ***Do you agree or disagree with the proposal to amend the Human Medicines Regulations (2012) to enable pharmacy technicians to supply and administer medicines to patients using patient group directions (PGDs)?***   * There was strong agreement within the group. * Pharmacy technicians are registered professionals, and this would help with skill mix, service delivery and further releasing pharmacists for more complex clinical interventions and service delivery. * These changes could aid with staff retention – through utilising skill mix and helping improve overall job satisfaction and clearer career pathways and progression.   ***Question 2.***  ***Do you agree or disagree that the 2-year pre-registration training equips pharmacy technicians with the appropriate knowledge and skills to complete the training requirements which allow them to use PGDs?***   * Broad agreement within the group with the following considerations * Not every pharmacy technician may want to take on new responsibilities. * There will need to be training around ‘competence’ and acknowledging competence but also the confidence of the pharmacy technician to deliver the service. * Those who qualified a significant time ago may need additional training as the current training course now includes additional clinical content. * Additional support and training around the specialities of each PGD. * Concerns raised around private PGDs and the need to ensure governance structures in place. * Declaration of competence – will be new for technicians and should be aligned with the process for pharmacists. * Initial training needs to encompass the understanding of the PGD service. * Service specification dictates how a service is run, for example, bridging contraception potentially requires a greater clinical input and may need to be ‘a pharmacist only service’.   ***Question 3.***  ***Do you agree or disagree that allowing pharmacy technicians to supply and/or administer under a PGD will enable safe access to medicines for patients?***   * There was agreement within the group. * PGD has an extensive inclusion and exclusion criteria, a set format to follow, ‘it’s hard to go wrong’ in effect. High levels of compliance are expected. * Technicians will need support but are already used to referring to the pharmacist. * Technology can help with the consultation … protocol driven supply, step wise online form that helps guide the pharmacy technician. * Strength and leadership … pharmacy technicians will need to have that final say, sometimes with patients it may need to be, ‘I can’t give this under the PGD’. * PGDs should be used for ‘one off’ not regular supplies.   ***Question 4.***  ***This proposal is to allow registered pharmacy technicians to supply and administer medicines using a PGD. Do you have additional information in support of this proposal or for why this proposal should not go ahead?***   * Nothing to suggest why this proposal shouldn’t go ahead, just some considerations. * Service shouldn’t be under-valued due to the involvement of pharmacy technicians and funding must reflect the service. * Potential need for additional consultation rooms, hence additional cost investment. * Cost of additional backfill to release pharmacy technician for training. * Risk that some pharmacy technicians may not want to undertake this and may decide to leave, cost of replacement/retraining of staff. * Element of cost but there was a feeling currently losing pharmacy technicians out of community to secondary care, so must embrace shifting the skill mix to aid retention. * General view is that pharmacy technicians supplying via PGD would expect a salary increase for the additional responsibility. * Advantages were seen to outweigh benefits, potential to increase capacity within the team and increase access to services. * Role and governance oversight of locums needs consideration. |

## **3: AOB**

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| **Purpose** | To discuss any other business |
| **Outcomes** | **Membership of CPEAG**   * Discussion around membership of CPEAG and potential to replace some original members who have left since the group was formed. * Feeling that it would be preferable to replace any members who have left and nice to have some different views and perspective. * Concern about the risk of all current members leaving at the same time after end of stated term. For continuity it would be better to have overlap between new members joining and older members coming to the end of their term. * Alwyn to take back to country Directors alongside other staff members who take responsibility for the different EAGs for a decision to be made in terms of recruitment at this stage. |