# **Primary Care Pharmacy Expert Advisory Group Agenda and Notes**

**Tuesday 23 May 2023 19.00 – 21.00 By Zoom:**

## **1: Welcome, Apologies and introduction (10 mins) - Anne Thomson**

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| **Description** | To welcome, note apologies and introduction to the content of the meeting |
| **Purpose** | To raise any matters arising  |
| **Outcomes** | **Attendees**Rosemary FurnerAnne Thomson Clair Huckerby Hadeel Mohamed Graham Stretch Lucy Ann HigginsJennifer McCutcheon**Apologies**Kemi Gibson Aiysha RaoofHelen Kilminster Jane HallJodie WhiteEmily BondRichard Shearer (SPB)**Non-attendance**Kamaljit Takhar Shasta Parveen Chimhau Jalek ShuklaRaj Bajwa**Speakers**Wing Tang (RPS)Jenny Allen (RPS)Heidi Wright (RPS)Ann Newman (DWP)Kamal Gulnaz (DWP)**Observers**Sarah IngramNicola LochrinTejal GorBano RaheemKathy BarsbySadia MahmoodHassanat JimohRachel BruceAnn NewmanDeborah AdedoyeSally SquireRebecca Bone |

## **2 : Fit notes (15 mins) – Wing Tang, Ann Newman, Kamal Gulnaz**

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| **Description** | The DWP have new preliminary data indicating pharmacists are issuing the second largest volume of fit notes after the nursing profession. There is a DWP request for feedback from pharmacy about how this is going |
| **Purpose** | Discuss the issuing of fit notes by pharmacists in primary care |
| **Outcomes** | ***Speaker presentation**** Fit notes are issued to patients whose condition is impacting on their ability to work
* Approx 10 million issued each year in general practices in England (not inclusive of secondary care, Scotland and Wales)
* Most handed to employers for statutory sick pay (80%) and 20% for health related benefits to DWP
* Came into being in 2010
* In 2022 made 2 significant legislative changes. In April 2022 removed requirement to have signature in ink and introduced means to be completed and authorised and sent digitally. Later in the year extended certification to nurses, OT, Physiotherapists and pharmacists, recognising that health services are being delivered by MDTs
* Early data showing pharmacists are issuing fit notes and are issuing a higher number than other ‘new professions’
* Community pharmacists are not in scope
* Online training package on e-learning for health platform. This is available to all and anyone issuing fit notes is encouraged to undertake this. Also have guidance products
* Approx 900 pharmacists have undertaken training
* Will be evaluating changes, measuring success and making any changes necessary
* Revising guidance to have more of a focus on work and health and the conversation leading up to the issuing of a fit note. This will be available later this summer
* Bringing secondary care in line with primary care – embed in secondary care IT systems

***Feedback and discussion**** Reticent to issue fit notes as concerns that GPs will ‘dump’ workload on pharmacist
* Happy to issue fit notes when appropriate
* Practice based pharmacists coming to senior pharmacist seeking guidance on this issue
* Should only be issuing if it is the pharmacist’s patient and not seen as an admin task
* Unless you see and assess the patient then you should not be issuing a fit note and potentially issues of liability here
* Welcome secondary care being able to issue fit notes
* Case studies to capture scenarios

**ACTIONS*** Further comments to be sent to Wing Tang
* Case studies
* GS to provide one on positive issue
* LH and CH to ask on local teams chat for example when issuing under pressure
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**3: Repeat Prescribing (Recommendation 7 from the National Overprescribing Review) (30 mins) – Jenny Allen**

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| **Description** | The Royal Pharmaceutical Society (RPS) has been commissioned by NHS England to work in collaboration with The Royal College of General Practitioners (RCGP) to create guidance on repeat prescribing in England. |
| **Purpose** | To get insight and feedback from PCPEAG members on this topic |
| **Outcomes** | * Presentation shared with group
* Tools to analyse repeats and make appropriate interventions
* Generally pharmacists in general practice oversee this process

**ACTIONS*** Group members to send examples of good practice to repeatprescribing@rpharms.com
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## **4: Pharmacist Independent Prescribing: Issue of prescribing and dispensing / supply by the same individual (30 mins) – Heidi Wright**

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| **Description** | As all newly qualified pharmacists will be independent prescribers, we need to explore the issue of prescribing and dispensing by the same individual and develop policy in this area.  |
| **Purpose** | To ask PCPEAG members for their thoughts and experience in this area to help inform the development of RPS policy. |
| **Outcomes** | * Presentation shared with group
* Example shared of prescribing and dispensing CDs by opening up a pharmacy at midnight
* Having support staff to help with accuracy check (ACT) is important
* Times have moved on and pharmacists increasing in different spheres of practice – we have moved on a long way
* Remove exceptionally entirely and put mitigations in place such as having full access to notes, record mitigations as part of professionalism
* Education around what it is you are doing in terms of prescribing
* Issue around fraud has been raised – reimburse consultation and not the supply of a medicine
* Approaches to minimise risk and make records and able to justify actions
* Longer term impact on other professions – who have prescribing rights but don’t supply. Different professions have different access to medicines – need to recognise this as part of education and training of non-medical prescribers
* Considerations around governance/ infrastructure to monitor prescribing and supply so that outliers can be identified and dealt with
* Double checking not necessarily supported by literature?
* Need to modernise

**ACTIONS*** HW to share draft position statement with EAG once developed for further thoughts and contributions
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## **5: Brief update on vision work (10 mins) – Heidi Wright**

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| **Description** | To provide an update on the vision work across all 3 countries |
| **Purpose** | Group members to be aware of progress in this area |
| **Outcomes** | Brief update on each country provided |

**6: AOB and summary** (**10 mins) - Anne Thomson**

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| **Description** |  |
| **Purpose** |  |
| **Outcomes** | **Checking in pharmacy*** Example of checking template / policy to send to Rosie (rosie.furner@nhs.net)

**ARRS roles*** Community pharmacy organisations critical of ARRS - statements
* Strong statements from PSNC, CCA, NPA
* CPPE figures published (~4,440 learners)
* 8,576 pharmacy professionals now practice in PCNs and GPs
* Pharmacist numbers 6,717 (1,800 difference with CPPE) but have now include those who are not on ARRS scheme
* ARRS are 4,440 pharmacists
* 54.5% have come from community practice (CPPE figures) = 2,220 pharmacists
* GPhC 52,801 in England and 62% are community pharmacy
* HEE community pharmacy workforce survey – 27,000 in 2021 (4,221 extra from 2017)
* Numbers from hospital are even smaller
* Why do pharmacists want to move? Money is not the reason – could be working environment or opportunity to become a prescriber and use skills differently
* Potential to have joint funded ARRS roles in the future
* Opportunity with shared programmes
* Integration across system is key and working together
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