

Primary Care Pharmacy Expert Advisory Group Agenda

Tuesday 30 January 2024 19.00 – 21.00 By Zoom:

Present: Anne Thomson, Clair Huckerby, Danny Bartlett, Graham Stretch, Hadeel Mohamed, Helen Kilminster, Jane Hall, Kamaljit Takhar; Rosemary Furner, Jen McCutcheon,

Observers: Fatima Sleiman, Asra Ahmed,

RPS staff: Heidi Wright, Yvonne Dennington.

Apologies: Richard Shearer

Absent: Raj Bajwa, Shasta Chimhau, Kemi Gibson, Aiysha Raof, Jalak Shukla, Jodie White

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

Description	To welcome, note apologies and introduction to the content of the meeting
Purpose	To raise any matters arising
Outcomes	Some participants are having trouble using Zoom. We can host these meetings on Teams if preferred in the future. Resignations: We have had two from Lucy Higgins and Emily Bond. The group would like to thank them both for their contributions over the past 3 years. Review of group: There will be a review of all expert advisory groups in Q1/2 of this year. Group members are to expect a survey asking what has gone well/what hasn't gone well/ and if this wish to remain on the group for another term of 3 years. Anne said she will be happy to vacate the position of chair if someone would like to take it over.

2: Update on Country Teams priorities for 2024 (20 mins) – Heidi Wright

Description	RPS Country Teams have developed a GB workplan informed by the priorities set out by the National Pharmacy Boards. This is to be ratified at the Board meetings in February 2024.
Purpose	To share the proposed priority areas with EAG members and to explore where contributions from the EAG would be useful
Outcomes	Heidi gave a short round up of the priorities for 2024, which are all subject to approval by the National Pharmacy Boards at their meetings in the next couple of weeks. <ul style="list-style-type: none"> • AI – RPS is planning to develop a short policy statement followed by professional guidance. Currently looking at the scope of the work. • Digital Capabilities – will continue to advocate for access to records – full read and write access. Will be looking at Pharmacy First and the use of GP connect. We will be providing a position statement on what we are calling for. Like to include calling for further investment in the EPMA system in

	<p>hospitals and access to NHS mail for locums working in community pharmacies.</p> <ul style="list-style-type: none"> • Medicines shortages – commissioning a thought leadership report – involving an author, advisory group, wider stakeholder group. Hope to publish by the end of 2024. • Gender identity – currently pharmacists are facing ethical and professional challenges especially with prescriptions. RPS is looking to develop policy and guidance in this area. There is currently a consultation in Scotland on gender identity. We will be submitting a response from all 3 country boards which will underpin our policy work in this area. • Palliative care – RPS is looking to refresh our palliative care policy. <p>Action: Group members were invited to get involved in specific policy areas if they wish by getting in touch with Heidi</p>
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3: Pharmacy Supervision (20 mins)– Heidi Wright

Description	To discuss the proposals outlined in the current DHSC consultation on pharmacy supervision
Purpose	To get insight and feedback from PCPEAG members on this topic
Outcomes	<p>Heidi presented slides from the Department of Health on why legislation may change following consultation.</p> <p>Heidi invited comments from the group to feed into the RPS consultation response. The group broadly agreed that the changes would not affect their roles in primary care and therefore it would not be appropriate for them to comment. They did raise some issues around responsibility and accountability and what pharmacies would do if they didn't employ a pharmacy technician.</p>

4: Structured Medication Reviews (15 mins) – Clair Huckerby

Description	To discuss the implementation of SMRs across different areas
Purpose	To get insight and feedback from PCPEAG members on this topic
Outcomes	<p>Clair introduced this item regarding whether it was appropriate for technicians to be conducting medication reviews. The group gave examples of where technicians were playing a part in the organising of medication reviews, ie setting up appointments, ensuring blood tests are done, working at MUR type level, health checks, doing reviews on simple items such as statins. The group had concerns regarding technicians carrying out full structured medication review due to the complexity of medications and the current service specification. There were some concerns over numbers of medications (eg between 3 and 5) being used as a measure for technicians undertaking review with no reference to complexity. The current national competency framework for primary care technicians clearly articulates what is in and out of scope, but it is worth highlighting this for a review. It can be found at pcpa.co/NCFPT</p> <p>The UCL risk stratification tool was suggested an example to use to identify people who technicians could undertake reviews for: https://uclpartners.com/our-priorities/cardiovascular/proactive-care/</p>

	Clair is arranging a meeting with Liz Fidler to get further clarification on this issue.
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5:RPS updates (15 mins) – Heidi Wright

Description	To provide an update on IP across the organisation and explore other areas where policy may be required. To provide an update on other RPS activity including homecare standards, Repeat prescribing toolkit and General Election Manifesto. Repeat prescribing webinar on 13 March at : https://events.rpharms.com/ereg/newreg.php?eventid=200272273& For lead pharmacists in ICS or meds op teams
Purpose	To get insight and feedback from PCPEAG members on this topic
Outcomes	Position statement on the separation of prescribing and dispensing has been published. Thanks to this group for all their input into developing this statement. Professional guidance was also published underpinning this statement. Updated Home care standards have been published – these are open access. Greener pharmacy standards and Patient safety incident standards are currently being worked on and are due to be published in Q2.

6: Role of incentive schemes in general practice consultation (10 mins) – Heidi Wright

Description	To share initial thoughts on what to include in the RPS consultation response. The consultation can be found at https://www.gov.uk/government/consultations/role-of-incentive-schemes-in-general-practice/role-of-incentive-schemes-in-general-practice
Purpose	To ensure expert opinion informs the RPS response
Outcomes	Heidi said that this consultation has been circulated to the group and comments are welcomed. The consultation is England focused. There was some discussion around QOFs and how they were dissolved in Scotland with the system moving to clusters, which tend to be very GP centric and have not helped with health improvements. It was felt that since this has happened health inequalities have widened and there is a struggle to benchmark. It was felt that a happy medium between QOFs and clusters would be a good outcome. Helen and Clair described what was happening in Dudley where they do not currently have QOFs. The group agreed there needs to be some form of metric in order to measure quality to get better outcomes. PCPA will be responding to this consultation separately. Action: Heidi will send the draft response around again for comment once she has updated

7: Separate pay spine for nursing - call for evidence (10 mins) – Heidi Wright

Description	To share initial thoughts on what to include in the RPS response to this call for evidence: https://www.gov.uk/government/calls-for-evidence/separate-pay-spine-for-nursing/separate-pay-spine-for-nursing#aim-of-the-call-for-evidence
Purpose	To ensure expert opinion informs the RPS response with a particular focus on the potential impact on having a separate pay spine for nursing staff instead of all being part of AfC.
Outcomes	Heidi said that the RPS will be responding to this consultation as it will have implications for other professions included in agenda for change, therefore it will be good to get the thoughts of this group. There are concerns that if it were to happen then it could “water down” agenda for change. The group said that probably the whole “agenda for change” pay structure needed a review aligning to responsibilities/role/accountability.

7: AOB and summary (10 mins) - Anne Thomson

Description	ARRS - BMA
Purpose	
Outcomes	Concerns were raised on how the issue of ARRS will play out with the BMA regarding funding. It was highlighted that there are now 10,270 pharmacists/technicians working in general practice – a number to be celebrated. The issue of general practice being a lead employer of pharmacist trainees was also raised along with the issue of DPPs. Action: Heidi said the RPS has regular meetings with the BMA where these issues will be raised. Action: Anne to share link with Graham regarding numbers of pharmacists employed in general practice in Scotland

Future Dates of PCPEAG meetings:

- Tuesday 21 May 2024
- Tuesday 10 Sept 2024